

Advanced Chiropractic Wellness Center, LLC  
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## **Advanced Beneficiary Notice of Non-Coverage (ABN)**

### **Initial the following:**

\_\_\_\_\_ Medicare only pays for manipulations (Some Medicare HMO Plans have copays per manipulation)  
\_\_\_\_\_ Medicare & Medicare HMO's will **NOT** pay for any of the services listed below. (Secondary will not pay either as it follows Medicare guidelines). If the doctor feels that you need any of these services he will discuss this with you at the time of your visit, and circle which one he recommends. **Payment will be due at time of service.**

(\$30) Examinations    (\$20) Manual Therapy    (n/a) Massage  
(\$30) Dry Needling    (\$20) Traction    (n/a) Ultrasound  
(n/a) Nutrition Counseling

\* (n/a) = price not available. Please consult with the Doctor for more information

### **You have four options with Medicare. Please choose below:**

1. \_\_\_\_\_ I want this office to bill Medicare for me and wait to receive payment for the manipulation while I pay for any out of network services at time of service.
2. \_\_\_\_\_ I want to decline from your office billing Medicare, and I will pay for services now then seek re-imburement from Medicare directly at a later date. In this case, Medicare will send a check directly to me.
3. \_\_\_\_\_ I am declining services today. I am not responsible for any payments. I also realize that I cannot appeal to Medicare to see if Medicare will pay for these services.
4. \_\_\_\_\_ I would like to continue with my care for preventative reasons. The doctor has informed me that care from this point forward is preventative. I understand that Medicare WILL NOT pay for preventative treatment and that I am financially responsible. I do so because I recognize that treatment can help prevent problems from returning and keep me healthier, more mobile, and more comfortable.

*Please note that this notice gives our opinion based upon our numerous years of dealing with Medicare. This is not an official Medicare decision. If you have any questions about this notice or Medicare's billing practice you can call Medicare directly at:  
1 800 633 4227 or TTY 877 486 2048.*

**\* I have read and understand this agreement and will comply to the terms above.**

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_