

Advanced Chiropractic Wellness Center, LLC.
16 Lincoln, Ave., Pawcatuck, CT., 06379
P (860) 599-2223 F: (888) 588-1538

Advanced Beneficiary Notice of Non-coverage (ABN)

____ Medicare only pays for manipulations.

____ Medicare will not pay for any of the services listed below. If the doctor feels that you need any of these services he will discuss this with you at the time of your first visit, and circle which ones he recommends.

Examinations	Traction	Massage
Ultrasound	Exercise rehab	Nutrition counseling

You have four options with Medicare. Initial the one you want.

1. ____ I want this office to bill Medicare for me and wait to receive payment.
2. ____ I want to pay for services now and I will 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 preventative treatment and that 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 questions about this notice or Medicare's billing practices you can call Medicare directly at:
1 800 633 4227 or TTY 877 486 2048.*

*** I have read and understand this agreement.**

Patient Signature: _____ **Date:** _____

Doctor Signature: _____ **Date:** _____