James Kolodziej, D.C.
9371-3 Cypress Lake Drive
Fort Myers, FL 33919
239-433-9189

Attention: **MEDICARE BENEFICIARIES**

Medicare requires us to inform all Medicare patients that they may or may not have to pay for certain services. Medicare **DOES NOT** pay for the initial exam, x-rays, therapies, supplies or maintenance care. Medicare covers the spinal adjustment when there is an acute injury or when there is pain from a spinal condition and will continue to do so as long as there is an improvement. Our office will do our best to maximize your allotted visits, but if the claims are denied, it is the patient's responsibility to pay these charges.

Medicare only covers 80% of the spinal adjustment. The remaining 20% will be submitted to your secondary (if applicable). Medicare regulations now state that if you have not been seen in our office in the last 6 months, we are required to do an updated exam, give you a new diagnosis, as well as a new start date. If you have not been seen in this office in the last 3 years, we are required to treat you as a new patient and do a full new patient work up and submit that information to Medicare.

Participating physicians accepting assignment means that the doctor will accept as full payment the fee that Medicare assigns for the spinal adjustment. If Medicare denies payment thereafter, the patient is required to pay any additional services according to the Medicare fee schedule.

Please sign the attached beneficiary statement and return it to our office to indicate that you understand that Medicare may or may not cover the services you will receive. If you have any questions, please feel free to call the office.

-Respectfully

Dr. James Kolodziej

A. Notifier: **James Kolodziej, D.C.**

9371-3 Cypress Lake Dr.
Fort Myers, FL 33919
239-433-9189

B. Patient Name: **C. Identification Number: 70159**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D.** treatment below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** treatment below.

D. Treatment	E. Reason Medicare May Not Pay:	F. Estimated Cost
***Spinal Adjustment**	***May be considered as maintenance**	**$39**

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** treatment listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **D.** treatment listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN**.** If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D.** treatment listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed**.

☐ **OPTION 3.** I don't want the **D.** treatment listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Patient Name: _____

NOTE: Medicare doesn't pay for treatment/services below; Patients will have to pay at time of service.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need.

Treatment		Estimated Cost
Electric Stimulation** ***Ultrasound** ***Flexion Distraction** ***X-rays (at the Dr's discretion)** ****Exams (CANNOT be opted out of, this service must be provided to new patients or patients who have not been seen in the last 6 months)	***Not covered** ***Not covered** ***Not covered** ***Not covered** ***Not covered**	**$15** **$20** **$10** **$60-130** **$60-90 (depends on level of exam)**

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.

_____**(initials please): I understand that if the treatments listed above are needed, they will not be billed to Medicare. I also understand I will be asked to pay for these treatments at the time of service as I am responsible for payment. I cannot appeal if Medicare is not billed.**

This notice explains our office policy. Signing below, means that you have received and understand this notice. You may also receive a copy.

Signature:	Date: