

Compass Chiropractic

Voluntary Advance Beneficiary Notice (ABN)

IMPORTANT INFORMATION FOR OUR MEDICARE PATIENTS.
EXPLANATION OF NON-COVERED CHIROPRACTIC SERVICES.

Name: _____

Medicare #: _____

Please read: this document is a courtesy notice to you of possible upcoming financial responsibility.

DEDUCTIBLE

For 2017, Medicare requires that you pay an annual deductible of \$183 towards your Part B medical expenses before they will begin paying for covered services. If you have already been treated by other doctors this calendar year, you may apply those bills towards your deductible. We will do our best to verify your remaining deductible amount before you incur any charges.

MEDICARE COVERAGE

After you have met your deductible, Medicare will reimburse 80% of the "allowable" treatment charges. In any chiropractic office, the **only** covered treatment is the adjustment, or what Medicare calls "manual manipulation of the spine." This typically results in a small out-of-pocket cost for spinal adjustments (your 20% of the bill). If you have a secondary insurance carrier, they may cover this but our office cannot guarantee this will occur.

X-RAYS

Medicare does not require x-rays in order to be reimbursed for chiropractic treatment. Your doctor may determine x-rays are warranted and in that case will refer you to a local imaging center. If x-rays are ordered by your chiropractor, they are still not covered by Medicare and therefore you are fully liable for the charges for x-rays. We send patients to a local imaging center instead of a hospital because the cost of x-rays is extremely reasonable, usually less than half of what a hospital might charge.

EXAMINATIONS

In order to determine the extent of your condition and the type of treatment needed, your chiropractor will examine you prior to initiating treatment, and periodically thereafter. Since Medicare does not reimburse for any examination charges, you are responsible for payment. Again, your secondary insurance carrier may cover this charge, as it is excluded from Medicare's coverage.

HEAT, ELECTRIC STIMULATION, TRACTION, AND PHYSIOTHERAPY

During the course of your treatment in this office, the doctor may determine that various modalities and/or physiotherapy procedures are necessary to properly treat your condition. Since Medicare does not reimburse for any examination charges, you may be responsible for payment.

I understand that may receive services that are not covered by Medicare, as described above, for the treatment of my condition. I give Compass Chiropractic permission to bill my secondary insurance, if applicable. However, I acknowledge that I am ultimately responsible for payment of these charges.

Signature: _____

Date: _____