

<p><b>ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)</b></p> <p>NOTE: If Medicare doesn't pay for (D) _____ below, you may have to pay.</p> <p>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) _____ below.</p>	<p><b>Patient Name:</b> _____</p> <p><b>Identification Number:</b> _____</p>
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<b>What is Below?</b>		
<b>(D) Items or Services:</b>	<b>(E) Reason Medicare May Not Pay:</b>	<b>(F) Estimated Cost:</b>
		\$ _____
		\$ _____
		\$ _____
		\$ _____

**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) \_\_\_\_\_ listed above.

Note: If you choose Option 1 or 2, we may help you 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) \_\_\_\_\_ 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) \_\_\_\_\_ 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) \_\_\_\_\_ 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 about whether Medicare will pay. We are not Medicare. See how you can appeal our decision in Section 3 of this notice.

\_\_\_\_\_

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Signing below means that you have received and understand this notice.  <b>(I) Signature:</b> X _____ Printed Name: _____	<b>(J) Date:</b> _____
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**Section 2: What Happens Next?**

If you choose Option 1 or 2:

- If we don't bill Medicare, we won't submit a claim. If we do bill Medicare, Medicare will review the claim and send you a Medicare Summary Notice (MSN). The MSN will include your right to appeal if Medicare doesn't pay.

If you choose Option 3:

- We will not bill Medicare, and you are not responsible for the cost of the item or service listed above. We will not provide the item or service.

**Section 3: Appeals Information for Medicare Suppliers**

If you choose Option 1 and Medicare doesn't pay, you can appeal the decision by:

- Reviewing the Medicare Summary Notice (MSN) you receive.
- Following the appeals instructions on the MSN.
- Calling 1-800-MEDICARE (1-800-633-4227) for more information.
- Visiting Medicare.gov for more information on your appeal rights.

TTY users can call 1-877-486-2048.

<b>Provider / Supplier:</b> Rivkin Addiction Medicine, PLLC Aaron Rivkin, MD 19100 Goddard Road, Suite 1, Allen Park, MI 48101 Phone: 313-315-6922 NPI: 1629561063	<b>Staff / Representative Completing This Notice:</b> Name: _____ Date: _____
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**STAFF REFERENCE: Common ABN Scenarios at Rivkin Addiction Medicine, PLLC**

An ABN is required when Medicare may not cover a service. Common situations include:

Service / CPT	Common Reason ABN May Be Needed
POC Urine Drug Screen (CPT 80305 + QW)	Frequency exceeds Medicare LCD allowance for the diagnosis; test ordered without LCD-required indication (Z79.899)
Confirmatory UDS send-out (CPT 80307)	Ordered without a presumptive positive POC result; does not meet LCD criteria
Office Visit / E&M (CPT 99213–99215)	Visit frequency exceeds Medicare expectations; not medically necessary per Medicare criteria
Telehealth visit	Patient not eligible for telehealth coverage; service not covered via telehealth for the diagnosis billed
Non-covered service (patient	Medicare does not cover the requested service; patient elects to receive and pay

request)	out of pocket
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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.