***(A)* Notifier(s):** Creger Family Eye Care, PC (Dr.s Douglas and John Creger)
***(B)* Patient Name:** ***(C)* Identification Number:**

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for ***(D)*_____ 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)*_____ below.

***(D)*_____	***(E)* Reason Medicare May Not Pay:**	***(F)* Estimated Cost:**
☐ Routine Eye Examinations	Routine Exams are not covered	$199.00
☐ Refraction Portion of Exam	Vision portion not covered	$35.00
☐ Optomap Retinal Imaging	Not covered for you current diagnosis	$85.00
☐ Visual Fields-extended	Not covered for you current diagnosis	$98.00
☐ Frames or Lenses(not following Cataract Surgery)	Exceeds Allowance of $70.00	
☐ Specialty lenses, tints or add-ons	Not medically necessary	Varied

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 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)*_____ 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, 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:**

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.

VISION SOURCE™

DOUGLAS D. CREGER, OPTOMETRIST ~ JOHN E. CREGER, OPTOMETRIST

PATIENT SIGNATURE ON FILE CARD

AUTHORIZATION

DATE:_____

PATIENT:_____

INSURED NAME:_____

INSURANCE COMPANY: _____

INS. CO. ADDRESS:_____

_____

PATIENT INS. NUMBER:_____

I request that payment of authorized Insurance benefits for any services furnished me, be made on my behalf to Dr. Douglas D. Creger or Dr. John Creger at Vision Source/Douglas D Creger, OD PC .

I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Patient Signature:_____

P.O. BOX 27, 233 E. GLENDALE • DILLON, MT 59725 • T 406-683-2611 • F 406-683-2676 • W www.visionsource-drcreger.com