

Dr. Steven JN Chierchie, DC

Windsway Professional Center

PO Box 400

44210 Middle Road/Route 48

Southold, NY 11971

631-765-5151

June 2, 2021

Dear Chiropractic Patients,

Our office visit fee is **\$50.00**, which may include up to three forms of therapy per visit. Of that \$50.00, Medicare pays \$22.99 for **spinal manipulation** only.

Some secondary insurance companies will pay the remaining \$27.01. **If not, you will be responsible for the remaining \$27.01.**

Thank you.

Dr. Steven Chierchie

Patient Signature: _____

Print Name: _____

Date: _____

A. Notifier: Steven JN Chierchie, DC

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
Exams Hot/cold Packs Electrical Stimulation Deep Tissue Massage Traction Exercise	NOT COVERED BY MEDICARE	\$27.01

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:
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