

A. Notifier: Southern Eye Group; 411 N Section Street; Fairhope, AL 36526; 251-990-3937

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare or your current medical insurance doesn't pay for the **Refraction** stated below, you may have to pay.

Medicare or other medical insurances do not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare or other medical insurances may not pay for the **Refraction** below.

Service	Reason Medicare May Not Pay:	Estimated Cost
Refraction	Medicare or your health insurance may not deem a refraction to be medically necessary, however in order to give you the appropriate eyeglass prescription this test must be performed.	\$40.00

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

- OPTION 1.** I want the **Refraction** listed above. You may ask to be paid now, but I also want Medicare or my current medical insurance billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if my insurance doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare or any other insurance does pay, you will be refunded any payments made to you, less co-pays or deductibles.
- OPTION 2.** I want the **Refraction** 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 **Refraction** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Service	Reason Medicare May Not Pay:	Estimated Cost
Contact Lens Fitting: All contact lens wearers require a contact lens fitting & evaluations every year. This evaluation includes making sure your cornea, lids and lashes are healthy and that your vision is stable while wearing contact lenses. A contact lens fitting entails a 90 day follow up to evaluate the fit, acuity and use of the contacts.	Medicare or your health insurance may not deem a contact lens exam to be medically necessary, however in order to give you the appropriate contact lens prescription a fitting is necessary. If you have vision insurance, then this insurance may pay for this service or give you a discounted rate according to your policy.	\$40.00-\$150.00

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

- OPTION 1.** I want the **Contact Lens Fitting** listed above. You may ask to be paid now, but I also want Medicare or another insurance 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 **Contact Lens Fitting** listed above, but do not bill Medicare or a different insurance. 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 **Contact Lens Fitting** listed above. I understand with this choice I am **not** responsible for payment,

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 about whether to receive the **Refraction and/or Contact Lens Fitting** 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.

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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