

**ADVANCED BENEFICIARY NOTICE (ABN)
PRIVATE INSURANCE**

Acknowledgement and my decision regarding items and services that may not be covered under my health insurance:

The purpose of this form is to help you make an informed choice about whether or not you want to receive the items or services listed below, knowing that you might have to pay for them yourself. Before you make a decision about your options, you should:

- Ask us to explain, if you don't understand, why this may not be a covered benefit under your health insurance. The fact that your health insurance may not pay for these items or services does not mean that you should not receive it. There may be a good reason your doctor recommended it.
- Ask us how much these items or services will cost you in case you have to pay for them yourself.

Items or Services:

1. _____ Cost: \$ _____
2. _____ Cost: \$ _____
3. _____ Cost: \$ _____
4. _____ Cost: \$ _____

PLEASE CHOOSE ONE OPTION. CHECK ONE BOX. SIGN & DATE YOUR CHOICE.

- OPTION 1. YES.** I want to receive these items or services.

I understand that my insurance will not decide whether to pay unless I receive these items or services. Please submit my claim to my health insurance. I understand that you may bill me for items or services and that I may have to pay the bill while my health insurance company is making its decision. If my health insurance does pay, you will refund to me any payments I made to you that are due to me. If my health insurance denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal my health insurance company's decision.

- OPTION 2. NO.** I have decided not to receive these items or services.

Date

Signature of patient or person signing on

Witness signature

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patient's behalf

Note: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our office. If a claim is submitted to your health insurance company, your health information on this form may be shared with your health insurance company.