

Patient Name: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare or my insurance doesn't pay for items checked or listed in the box below, I am personally and fully responsible for the payment of the items. The fact that Medicare or my insurance does not pay for a particular item or service does not mean that I should not receive it. We expect Medicare may not pay for the items listed or check in the box below.

Listed or Checked Items Only:	McFee Medical Technologies Vitrectomy Support Equipment
Reason Medicare May Not Pay:	Medicare deems this equipment as "precautionary" and the equipment can be used for purposes other than the treatment of an illness or injury. It is not covered under the patient's current benefit plan.
Estimated Cost:	

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 checked items listed in the first box 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 so.

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

- OPTION 1.** I want the Vitrectomy Support Equipment listed above. McFee Medical Technologies will 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 McFee Medical Technologies they will refund any payments I made to them, less co-pays or deductibles.
- OPTION 2.** I want the Vitrectomy Support Equipment listed above, but do not bill Medicare. I will be asked to pay now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the Vitrectomy Support Equipment listed above. I understand with this choice I am **not responsible for payment**, and I cannot appeal to see if Medicare would pay.
- OPTION 4.** I do not have Medicare as my primary insurance. I understand that my insurance company may not cover this service and I agree to be personally and fully responsible for payment.

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.

Signature:	Date:
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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, 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.