

Advanced Eye Care Associates
Kevin Osborne, O.D.

Advance Beneficiary : MEDICARE

Patient Name: _____

Date: _____

NOTE: Medicare does NOT pay for everything, even some care that you or your healthcare provider have good reason to think you need. We expect Medicare may not pay for the Test(s) / Procedure(s) below. If Medicare doesn't pay for Test(s) / Procedure(s) below, you may have to pay.

<u>TEST(S)/PROCEDURE(S)</u>	<u>REASON MEDICARE MAY NOT PAY</u>	<u>ESTIMATED COST</u>
Refraction (92015)	Service is not covered for your condition	\$35.00
Visual Field (92083)	Service <u>may not be covered</u> for your condition	\$150.00
Ophthalmic Image (92133)	Service <u>may not be covered</u> for your condition	\$85.00
Color Vision Exam (92283)	Service <u>may not be covered</u> for your condition	\$85.00
Frame (V2020)	Service <u>may not be covered</u> for your condition	Price Varies
Lenses and Add-ons	Service <u>may not be covered</u> for your condition	Price Varies

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 Test(s) / Procedure(s) 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.

OPTIONS: Circle only one option. We cannot circle an option for you.

OPTION 1:

I want one or more of the Test(s) / Procedure(s) 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 payment I made to you, less co-pays or deductibles.

OPTION 2:

I want one or more of the Test(s) / Procedure(s) 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 Do Not want any of the Test(s) / Procedure(s) listed above. I understand with this choice I am not responsible for payment and I cannot appeal to see if Medicare would pay.

X _____

Signature of patient (or person acting on patient's behalf)

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: 1-877-468-2048).

Signing above means that you have received and understand this notice.

For Office Use Only: (circle) Beneficiary refused to choose an option.

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