



Boston Sports Medicine

Patient Name: _____ Medicare Identification Number: _____

Advance Beneficiary Notice of Non-Coverage (ABN)

Ongoing Care is Medically Necessary

NOTE: Medicare places a fiscal cap of \$1900 per calendar year on outpatient Physical Therapy services (in some instances this can be extended to \$3,700 depending on diagnosis). We expect Medicare may not pay for Physical Therapy services exceeding the \$1,900 limit per calendar year.

****Your Estimated Cost For Ongoing Care: \$100/ 60 min, \$80/ 45 min, \$60/ 30 min***

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 Physical Therapy services exceeding \$1,900 limit per calendar year 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: Check only one box. We cannot choose a box for you.

OPTION 1. I want medically necessary Physical Therapy services exceeding \$1,900 limit per calendar year. 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 does not 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 medically necessary Physical Therapy services exceeding \$1,900 limit per calendar year, 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 medically necessary Physical Therapy services exceeding \$1,900 limit per calendar year. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

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: _____

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.

Form CMS-R-131 (03/11) Form Approved OMB No. 0938-0566

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