

*Patient name: _____

Newton Fire/EMS
200 E 3rd St, Newton, KS 67114
Ph 316-284-6060

Identification number: (optional) _____

Advance Beneficiary Notice of Non-coverage (ABN)

Medicare doesn't pay for everything, even some care you or your health care provider think you need. **We expect Medicare may not pay for the item, test, service or care listed below.** If Medicare doesn't pay, you may have to pay.

*Service	*Reason Medicare may not pay	Estimated cost
___ BLS Ambulance Transport (Basic Life Support)	Medicare does not pay for transportation from a residence or SNF for services that could more economically be performed at the residence or SNF.	<u>\$450-\$600</u> BLS Ambulance Service
___ ALS Ambulance Transport (Advanced Life Support)	Medicare does not pay for ambulance service that is not medically necessary.	
	Medicare does not pay for transports to a doctor's office or other non-covered destinations.	<u>\$600-\$700</u> ALS Ambulance Service
	Medicare does not pay for transports for the convenience of a patient, family, or physician.	
___ Ambulance Mileage	Medicare does not pay for mileage beyond the closest appropriate facility.	<u>\$850</u> ALS 2 Ambulance Service
	Medicare does not pay for a higher level of service ALS when a lower level of service BLS would suffice.	<u>\$15.00 Per Mile</u>

What to do now

- Read this notice to make an informed decision about your care.
- Ask any questions you have.
- Choose one option below to let us know if you still want to get the item, test, service or care.

***Choose ONE option below. We can't choose for you.**

If you choose Option 1 or 2, we may help you use any other insurance you might have, but Medicare can't require us to do this.

Option 1: I want the service(s) listed above, and I want Medicare to be billed for an official decision on payment, which I'll get on a Medicare Summary Notice (MSN). You can ask to be paid now. I understand that if Medicare doesn't pay, I'm responsible to pay, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you'll refund any payments I made to you, minus co-payments or deductibles.

Option 2: I want the service(s) listed above, but don't bill Medicare. You can ask to be paid now and I'm responsible to pay. I understand that I can't appeal, since Medicare isn't billed.

Option 3: I don't want the service(s) listed above. I understand I'm not responsible for payment and I can't appeal to see if Medicare would pay.

Additional information:

This notice gives our opinion, not an official Medicare decision. For other questions about this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Signing below means you received and understand this notice. You can ask to get a copy.

*Signature _____	*Date (mm/dd/yyyy) _____
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You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).

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