

A. Notifier: \_\_\_\_\_

B. Patient name: \_\_\_\_\_ C. Identification Number: \_\_\_\_\_

## Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare or your insurance doesn't pay for Item D below, you may have to pay.

Medicare and private insurance does not pay for everything, even some care that you or your health care providers have good reason to think you need. We expect Medicare/Private Insurance may not pay for item D below.

D. Procedure	E. Reason Insurance May Not Pay	F. Estimated Cost
LMD – Lid margin debridement with the Epstein Lid Debridement™	Because it does not meet the definition of any Medicare/Insurance Benefit. This procedure is new and is considered investigational.	

### 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 where to receive item D listed above.

**NOTE:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have,

### G. OPTIONS: Check only one box. We cannot choose a box for you.

**OPTION 1.** I want the **LMD** listed above. You may ask to be paid now, but I also want Medicare/Private Insurance billed for an official decision on payment, which is sent to me on a Medicare/Private Insurance Summary Notice (MSN). I understand that if Medicare/Private Insurance doesn't pay, I am responsible for payment but **I can appeal to Medicare/Private Insurance** by following the directions on the MSN. If Medicare/Private Insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.

**OPTION 2.** I want the **LMD** listed above, but do not bill Medicare/Private Insurance. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare/Private Insurance is not billed.**

**OPTION 3.** I don't want the **LMD** listed above. I understand with this choice I am **not** responsible or payment and **I cannot appeal to see if Medicare/Private Insurance would pay.**

### H. Additional Information:

**This notice gives our opinion, not an official Medicare/Private Insurance decision.** If you have other questions on this notice or Medicare/Private Insurance billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048) or your insurance company.

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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