

A. Notifier: Professional Rehabilitation Services

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare does not pay for **D. Physical Therapy Services** below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D. Physical Therapy Services** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Outpatient physical therapy services rendered at the same time as any Home Health or Skilled Nursing services presently, or within 120 days, is not covered unless the case has been closed in the Medicare Common Working file before stating Outpatient PT Services. If your case has not been Discharged by the Home Health/Skilled Nursing facility before starting PT services, Medicare WILL NOT pay for your PT services, and you will be responsible. This also applies if you start any Home Health/Skilled Nursing facility while attending Professional Rehabilitation Services.	Will not pay separately for services within a Home Health/Skilled Nursing facility period of 120 days, which are subject to consolidated billing per Medicare. Patient will be responsible for services non-covered.	

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 **D. Physical Therapy Services** 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.

G. OPTIONS: Check only one box. We cannot choose a box for you.
<input type="checkbox"/> OPTION 1. I want the D. <u>Physical Therapy Services</u> 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 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. <input type="checkbox"/> OPTION 2. I want the D. <u>Physical Therapy Services</u> 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. <input type="checkbox"/> OPTION 3. I do not want the D. <u>Physical Therapy Services</u> listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. 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.

I. Signature:	J. Date:
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AltFormatRequest@cms.hhs.gov.

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