



Foot & Ankle Center of Florida LLC
 2400 Harbor Blvd. Suite 11, Port Charlotte FL 22953-5038
 P: 941-500-2088 Fax: 941-500-2089
 Email: FootAnkleCenterFL@comcast.com

Advanced Beneficiary Notice of Noncoverage (ABN):

| Patient Information: | |
|----------------------|--|
| Name: | Date of Birth: |
| | Sex: <input type="radio"/> Male <input type="radio"/> Female |

ABN FORM:

NOTE: If Medicare or your insurance carrier doesn't pay for **Services**. (See below), you may have to pay. Medicare or your third-party insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect they may not pay for the **Services Listed**.

| Services | Reason Medicare/ Insurance May Not Cover or Pay for Services: | Estimated Cost |
|---|---|----------------|
| 1. CPT 11721 Debridement of Abnormal Nails (6-10) | <i>Medicare or your third-party insurance does not pay for procedures they consider maintaince and for some corrective orthothics. You may also realize that you may not have podiatric coverage under your plan that you have whether its Medicare or third-party insurance carrier.</i> | \$75.00 |
| 2. CPT 11720 Debridement of Abnormal Nails (1-5) | | \$75.00 |
| 3. CPT 11055 Pairing of Lesion/Single | | \$75.00 |
| 4. CPT 11056 Paring of Lesion 2-4 | | \$75.00 |
| 5. CPT 11057 Paring of Lesion/Multiple | | \$75.00 |
| 6. CPT L3000/L3020 Custom orthotic | | \$500.00 |
| 7. Prefabricated orthotics | | \$75.00 |
| 8. CPT L4386 Cam walker Boot | | \$350.00 |
| 9. CPT L3280/3260 Post op Shoe | | \$75.00 |
| 10. CPT L4396 Night Splint | | \$200.00 |
| 11. CPT 29540 Ankle or foot Strapping | | \$75.00 |
| 12. CPT 11719 Trimming of Nails (1-10) | | \$75.00 |

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 **Services**. (See list above) 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 Below: We Cannot Choose the Box for you.

| Choice | OPTION | DESCRIPTION |
|-----------------------|-----------|---|
| <input type="radio"/> | #1 | I want the Services . (See list above) 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 payments I made to you, less co-pays or deductibles |
| <input type="radio"/> | #2 | I want the Services . (See list above) 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="radio"/> | #3 | I don't want the Services . (See list above) listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay. |

Additional Information:

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

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

| | |
|------------------------------------|--|
| Patient Signature/ Legal Guardian: | Date: |
| | Relationship to the Patient Signing for: |