



NANCY ROCKS, DC
ANDREA FURST, DC
4765 HOEN AVE
SANTA ROSA, CA 95405

Medicare information and agreement

Our doctors are “nonparticipating providers” in the Medicare program, meaning that we do not accept assignment (payment from Medicare). Medicare may send reimbursement checks directly to you. We cannot guarantee this. We expect payment in full, from you, at the time of service.

Medicare Coverage for Chiropractic Services

Medicare only pays for manipulation of the spine and pelvis, for acute/active cases, for limited time.

Maintenance care is not covered by Medicare and is defined as, “*any service that promotes health, prolongs, or enhances quality of life, or maintains, or prevents deterioration of chronic conditions. Supportive care, not corrective care, where clinical improvement cannot be expected.*” Maintenance care, exams, extremity adjustments, supplements and supplies are not covered by Medicare. Additional treatments performed during your office visit (ultrasound, massage therapy, therapeutic exercise instruction, neuromuscular re-education and manual therapy) are not covered by Medicare even though they are an important part of your care and recovery.

An ABN form required by Medicare will be given to you for signature each year, and with any new injury.

Note: Reimbursement is sometimes delayed due to circumstances beyond our control. We will do what we can to comply, but it is not a guarantee you will receive reimbursement. Medicare may consider more than twelve spinal manipulations yearly to be “not reasonable and necessary”. All visits are carefully documented. Your doctor will discuss with you when your care moves from acute to maintenance care.

Secondary Insurance: If you have secondary or MediGap coverage Noridian/Medicare Part B now automatically forwards those claims in most cases. We will not be billing your secondary insurance. We can provide a statement for you to send to your secondary insurance if Medicare does not forward. As non-participating providers, we are not required to bill your secondary insurance.

MVA: If you have an accident, other insurance may cover the cost of care in full. We cannot bill Medicare for injuries sustained in a motor vehicle accident. Please let us know if you have been in a MVA.

HMO and managed health plans (Medicare Advantage/Kaiser): If you belong to an HMO/MHO, you must have authorization and referral in writing from your PCP prior to starting care in order to be reimbursed for chiropractic care. Each plan is different. Most HMOs have their own contracted chiropractors so you must contact your physician or insurer for clarification. We are not contracted providers within any HMO.

Patient Agreement

I certify that I am currently eligible for Medicare Part B. I have read, understand and agree to the above payment policy for Medicare patients. I also understand that Medicare regulations and state laws are subject to change from time to time and that the above payment policy may be changed at any time to maintain conformity with such laws and regulations. I understand that Medicare may deny payment for treatment at any time, which means I will not receive reimbursement. I agree to be personally and fully responsible for payment of services rendered to me.

Patients Signature: _____ Date: _____

A. Notifier: Summerfield Chiropractic Andrea Furst, DC./ Nancy Rocks DC.
 B. Patient Name: C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for **D. 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. Services** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
98940-98942 Spinal Manipulation Maintenance Care Massage Therapy Exam/ Re-exam Ultrasound/ Muscle Stim Extremity Adjustments Supplements/ Supplies	Medicare may reimburse a portion of total visit, if it in an acute/active case requiring treatment for less than 3 months. Medicare part B does not pay for these services.	➤ Up to \$80.00 ➤ \$80.00-\$160.00 Depending on service or purchase

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. 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. Services 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="checkbox"/> OPTION 2. I want the D. Services 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 don't want the D. Services 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 may ask to receive a copy.

I. Signature:	J. Date:
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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.

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.