

Austin Lake Chiropractic
Patient Name:

8827 Portage Road, Portage MI 49002
Identification Number:

(269)324-1449

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If _____ doesn't pay for the services listed below, you may have to pay.

Your 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 your insurance may not pay for the services below.

Services:	Reason Insurance May Not Pay:	Estimated Cost:
1. Blood work ordered by Dr. Lynes.	Your insurance may consider this all inclusive testing investigational	\$200.00
2. Hair analysis	Your insurance may consider this testing investigational	\$89.00
3. nutraceuticals	This may be covered by flex spending	\$5.00-50.00

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 listed above.

Note: If you choose Option 2 or 3, we will not be able to properly care for you.

OPTIONS:	Check only one box. We cannot choose a box for you.
<input type="checkbox"/>	OPTION 1. I want the services listed above. You may ask to be paid now, but I also want my insurance billed for an official decision on payment, which is sent to me on a insurance EOB. I understand that if my insurance doesn't pay, I am responsible for payment, but I can appeal to _____ . If my insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/>	OPTION 2. I want the services listed above, but do not bill my insurance. You may ask to be paid now as I am responsible for payment. I cannot appeal if _____ is not billed.
<input type="checkbox"/>	OPTION 3. I don't want the services listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if _____ would pay.

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

Signature:	Date:
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