

DEAR PATIENT:

MEDICARE REGULATIONS NOW REQUIRE THAT, IN ORDER TO COLLECT PAYMENT, I MUST INFORM YOU IN ADVANCE IF I BELIEVE A SERVICE MAY NOT BE COVERED BECAUSE MEDICARE MAY DETERMINE THAT THIS SERVICE IS NOT REASONABLE AND NECESSARY. ALTHOUGH THIS WORDING IMPLIES THAT SUCH SERVICES ARE NOT MEDICALLY NECESSARY, I MUST EMPHASIZE THAT, IN MY PROFESSIONAL JUDGEMENT, THESE SERVICES ARE NEEDED IN ORDER TO RENDER HIGH QUALITY MEDICAL CARE TO YOU.

BASED ON MEDICAL GUIDELINES, I BELIEVE IN THAT, IN YOUR CASE, MEDICARE IS LIKELY TO DENY PAYMENT FOR THE FOLLOWING SERVICE(S).

OFFICE VISIT \_\_\_\_\_

FOR THE FOLLOWING REASON(S):

(TO THE PHYSICIAN: CHECK ONLY THOSE REASONS THAT APPLY TO THE SPECIFIC SERVICES LISTED ABOVE.)

MEDICARE DOES NOT USUALLY PAY FOR THIS MANY VISITS OR TREATMENTS

MEDICARE USUALLY DOES NOT PAY FOR THIS SERVICE.

MEDICARE USUALLY PAYS FOR ONLY ONE NURSING HOME VISIT PER MONTH.

MEDICARE USUALLY DOES NOT PAY FOR THIS MANY SHOTS.

MEDICARE USUALLY DOES NOT PAY FOR THIS SHOT.

MEDICARE DOES NOT PAY FOR THIS BECAUSE IT IS A TREATMENT THAT HAS YET TO BE PROVED EFFECTIVE.

MEDICARE DOES NOT PAY FOR THIS OFFICE VISIT UNLESS IT WAS NEEDED BECAUSE OF AN EMERGENCY.

MEDICARE USUALLY DOES NOT PAY FOR LIKE SERVICES BY MORE THAN ONE DOCTOR DURING THE SAME PERIOD.

MEDICARE USUALLY DOES NOT PAY FOR THIS MANY SERVICES WITHIN THIS PERIOD OF TIME.

MEDICARE USUALLY DOES NOT PAY FOR MORE THAN ONE VISIT A DAY.

MEDICARE USUALLY DOES NOT PAY FOR SUCH AN EXTENSIVE PROCEDURE

MEDICARE USUALLY DOES NOT PAY FOR LIKE SERVICES BY MORE THAN ONE DOCTOR OF THE SAME SPECIALTY.

MEDICARE USUALLY DOES NOT PAY FOR THIS EQUIPMENT.

MEDICARE USUALLY DOES NOT PAY FOR THIS LAB TEST.

OTHER \_\_\_\_\_

BY SIGNING THIS STATEMENT, YOU ARE AGREEING TO PAY FOR THE SERVICE(S) LISTED ABOVE, EVEN IF MEDICARE DETERMINES THAT ACCORDING TO ITS GUIDELINES, THE SERVICES ARE NOT REASONABLE AND NECESSARY

X \_\_\_\_\_  
PATIENT'S SIGNATURE

X \_\_\_\_\_  
DATE