

Patient Name: _____ ACIS ID/CPU: _____

Anthem Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare or your insurance carrier doesn't pay for positive airway pressure ("PAP") device and related equipment (to be used on an ongoing basis), as well as related supplies (to be ordered by you as needed), you may have to pay if you fail to demonstrate continued usage of your PAP device.

Your insurance carrier does not pay for everything, even some care that you or your health care provider have good reason to think you need. For the reasons listed below, we expect your health insurer may not pay for the equipment/supplies listed below.

List of Equipment	Reason Carrier May Not Pay:	Estimated Cost
Positive Airway Pressure ("PAP") device and related equipment (to be used on an ongoing basis), as well as related supplies (to be ordered by you as needed)	If you fail to demonstrate and document continued usage of your PAP device as required by the terms of your health coverage.	See attached Sales, Service, and Rental Agreement for detailed charges

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 **equipment** listed above.
- Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but your health insurer cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.
<input type="checkbox"/> OPTION 1. I want the Positive Airway Pressure ("PAP") device and related equipment (to be used on an ongoing basis), as well as related supplies (to be ordered by you as needed). You may ask to be paid now, but I also want my insurance carrier billed for an official decision on payment, which is sent to me on a explanation of payment form. I understand that if my health insurer doesn't pay, I am responsible for payment, but I can appeal to insurer by following the directions of my insurance carrier. If my insurance carrier does pay you, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/> OPTION 2. I want the Positive Airway Pressure ("PAP") device and related equipment (to be used on an ongoing basis), as well as related supplies (to be ordered by you as needed), but do not bill my insurance carrier. You may ask to be paid now as I am responsible for payment. I cannot appeal if my insurance carrier is not billed.
<input type="checkbox"/> OPTION 3. I don't want the Positive Airway Pressure ("PAP") device and related equipment (to be used on an ongoing basis), as well as related supplies (to be ordered by you as needed). I understand with this choice I am not responsible for payment, and I cannot appeal to see if my insurance carrier would pay.

Additional Information:

This notice gives our opinion, not an official health carrier decision. If you have other questions on this notice contact your insurance carrier.

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

Patient Signature:	Date:
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