

**The Foot and Ankle Institute****Patient Name:****Advance Beneficiary Notice of NonCoverage (ABN)****NOTE:** If Medicare doesn't pay for the service below, you may have to pay.

Medicare doesn't 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 service below.

Service/Supplies Not Covered:	Reason Medicare May Not Pay:	Estimated Cost
Cutting or trimming of nails, corns and calluses	Routine foot Care is not covered by Medicare only in very rare circumstances	<b>\$40.00</b>
Custom Foot Orthotics	Non Covered Item/Supply	\$400.00
Surgical Shoes	Non Covered Item/Supply	\$25.00

**WHAT YOU NEED TO KNOW 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 service 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. We Cannot choose a box for you**

- OPTION 1.** I want the service 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. I understand if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2 .** I want the service 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.**
- OPTION 3.** I don't want the service listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay

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 can also request a copy.

**Signature:****X****Date:****Check A Box**