

A. Notifier: Vision & Conceptual Development Center

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

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 that Medicare may not pay for the **D. Services** below. **NOTE:** If Medicare doesn't pay for **D. Services** below, you may have to pay.

D. Services	E. Reason Medicare May Not Pay:	F. Estimated Cost
1. 96110 – Developmental screening w/ report	Non-covered service.	1. \$30.00
2. 92545 – Righteye, Visagraph		2. \$30.00
3. 92015 – Determination of Refractive State		3. \$47.00
4. V2799 - Vision item or service, miscellaneous		4. \$xx.00
5. 99499 – Comprehensive Medical Report		5. \$150.00

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 **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.

**Please make sure to read ALL FOUR OPTIONS
across the two pages of this document.**

G. OPTIONS: Check only one box. The Vision and Conceptual Development Center cannot choose a box for you.

OPTION 1. I want the **D. Services** listed above. I want the VCDC to bill Medicare for **D. Services**, which will be sent to me on a Medicare Summary Notice (MSN), and I understand that I will be asked to **pay now**. 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, the VCDC will refund me any payments I made to them for the listed **D. Services**, less co-pays or deductibles.

OPTION 2. I want the **D. Services** listed above. I want the VCDC to bill Medicare for **D. Services**, which will be sent to me on a Medicare Summary Notice (MSN), and **I will pay any remaining balance after Medicare processes the initial claim.** 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, the VCDC will charge me any outstanding balance for the listed **D. Services**, including co-pays or deductibles. Selecting this option means we may contact you, at most, a calendar year after your exam date.

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G. OPTIONS: Check only one box. The Vision and Conceptual Development Center cannot choose a box for you.

OPTION 3. I want the D. Services listed above, but do not want the VCDC to bill Medicare for them. I understand I will be asked to pay now because I am responsible for payment. I cannot appeal to Medicare for any of the D. Services because they will not be billed.

OPTION 4. I don't want some of the D. Services listed above. I understand with this choice I am ****NOT**** responsible for payment for said services, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This form has been modified by the Vision and Conceptual Development Center for clarity of language. To see the original form, please visit: <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html>

This notice gives the opinion of the VCDC based on prior submissions of these codes and is 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 also receive a copy.

I. Signature:

J. Date:

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](https://www.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.