

Advanced Beneficiary Notice

Medicare will only pay for services that it determines to be “reasonable and necessary” under section 1862 (a)(1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is “not reasonable and necessary” under Medicare program standards, Medicare will deny payment for that service. Specifically, Medicare will deny payment for a **Screening Pelvic and Breast Exam if you have had one during the last two years. The office visit charge of your Annual Exam is not covered by Medicare and you will be billed for that portion.**

Beneficiary Agreement 1:

“I have been notified by my physician that Medicare will deny payment for a **Screening Pelvic and Breast Exam** if I have had one during the last two years. I believe that I have not had a **Screening Pelvic and Breast Exam** during the last two years. If I am mistaken and Medicare denies payment, I agree to be personally and fully responsible for payment. **I also understand that I am responsible for the office visit charge of my Annual Exam which is not covered by Medicare and I will be billed for that portion.**”

Beneficiary Signature

Date

Beneficiary Agreement 2:

“I have been notified by my physician that Medicare will deny payment for a **Screening Pelvic and Breast Exam** if I have had one during the last two years. I believe that I have had a **Screening Pelvic and Breast Exam** during the last two years. If Medicare denies payment, I agree to be personally and fully responsible for payment. **I also understand that I am responsible for the office visit charge of my Annual Exam which is not covered by Medicare and I will be billed for that portion.**”

Beneficiary Signature

Date