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Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for the items or services below, you may have to pay.

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 Medicare may not pay for the items or services below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Nd:YAG laser to treat vitreous floater(s)	 The procedure is not covered because it is considered experimental or investigational. AND/OR Minimal or no hindrance of activities of daily living does not support medical necessity for the procedure. 	\$1500 - Initial \$750 - each add'l

WHAT YOU NEED TO DO NOW:

ODTIONS.

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions you may have after you finish reading.
- Choose an option below about whether to receive the items or 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.

OPTIONS.	Check only one box. We cannot cho	bose a box for you.
also want Medicare billed Summary Notice (MSN). but I can appeal to Medic	nt the items or services listed above. You for an official decision on payment, which I understand that if Medicare doesn't pay, care by following the directions on the MSI made to you, less co-pays or deductibles	is sent to me on a Medicare I am responsible for payment, N. If Medicare does pay, you
	nt the items or services listed above, but d n responsible for payment, and I cannot a	
am not responsible for pag	n't want the items or services listed above. yment, and I cannot appeal to see if Med	
Additional Information:		

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 also receive a copy.

Signature:	Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

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 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.