

# ADVANCE BENEFICIARY NOTICE

NOTICE: YOUR NEED TO MAKE A CHOICE ABOUT RECEIVING THESE HEALTH CARE ITEMS OR SERVICES:

SOMETIMES YOUR INSURANCE MAY NOT PAY FOR ALL ITEMS OR SERVICES RECOMMENDED FOR YOU. INSURANCE DOES NOT PAY FOR ALL OF YOUR HEALTH CARE COSTS. INSURANCE ONLY PAYS FOR COVERED ITEMS AND SERVICES WHEN INSURANCE RULES ARE MET. THE FACT THAT INSURANCE MAY NOT PAY FOR A PARTICULAR ITEM OR SERVICE DOES NOT MEAN THAT YOU SHOULD NOT RECEIVE IT. THERE MAY BE A GOOD REASON YOUR DOCTOR RECOMMENDED IT.

## ITEM OR SERVICE RECOMMENDED

MEDICAL SERVICES/ XRAY AND/OR LABORATORY

I UNDERSTAND THAT MY INSURANCE WILL NOT DECIDE WHETHER TO PAY UNLESS I RECEIVE THESE ITEMS OR SERVICES. PLEASE SUBMIT MY CLAIM TO MY INSURANCE COMPANY. I UNDERSTAND THAT I MAY BE PERSONALLY AND FULLY RESPONSIBLE FOR ANY SERVICES NOT COVERED.

DATE

SIGNATURE OF PATIENT OR PERSON ACTING ON PATIENT'S BEHALF