

A. Notifier: Kansas City Psychiatric Group, PA

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If your insurance doesn't pay for **D. phone appointment** below, you may have to pay. Insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect your policy may not pay for the **D. phone appointment** below.

D.	E. Reason Insurance May Not Pay:	F. Estimated Cost
Telephone appointment (The physician will make every effort to be on time; however, as with office appointments please allow for emergencies that may put the physician's schedule behind and plan to be available for your telephone visit for up to 60 minutes beyond the scheduled time)	Your policy does not cover services that are not provided face-to-face	\$150.00 – \$185.00

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. phone appointment** listed above.
Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the **D. phone appointment** listed above. I understand that you will not bill Insurance. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Insurance is not billed.**
- OPTION 2.** I don't want the **D. phone appointment** listed above. I understand with this choice I am **not** responsible for payment.

H. Additional Information:

This notice gives our opinion, not an official Insurance decision. If you have other questions on this notice or Insurance billing, call the customer service number on the back of your insurance card. Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

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.
