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3/21/07



CMS
7500 Security Blvd.
Attn: PRA Reports Clearance Officer
Mail Stop C4-26-05
Baltimore MD 21244-1850

I have just downloaded the proposed new ABN and am absolutely horrified by the errors in it.

See the copy attached and corrections below.

- 1) The quote mark should appear after the period. Should bedescribed under "Reason."
- 2) "You may receive"
- 3) 'about' is superfluous when used with 'estimated.' Should be "We have estimated how much you may ... "
- 4) Should be " opinion that Medicare will not pay."
- 5) Should be " ... though Medicare does not require us to do this."
- 6) The 3rd sentence under #3 makes no sense. "You can ask for payment now that will be refunded if Medicare pays." Does this sentence refer to the doctor or to the patient? If it pertains to the patient why would the patient ask for payment; and payment from whom?
- 7) Privacy Notice at bottom-'Privacy' is misspelled.
- 8) "things" is not very expressive, PLUS it may not be a thing but a service. Therefore suggest the sentence read: "NOTE: There are limits to what Medicare will pay for; you may have to pay."
- 9) I questions that there is such a word as noncoverage. I believe it should be Non-coverage or Non-Coverage but that should be determined by an appropriate editor.
- 10) Replace the word "get" with "receive" a copy.

R. Dean Harman, DC

(A) Supplier/Provider: _____

(B) Beneficiary Name: _____

(C) Identification Number: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare does not pay for things listed below, you may have to pay.

We think Medicare will not pay for the "Item(s)/Service(s)" listed below because of certain rules for coverage described under "Reason". You still can receive this care, since you or your health care provider may have good reason to think you need it, but it is likely you or other insurance will have to pay. We have estimated about how much you may have to pay under "Estimated Cost" to help you decide whether or not to receive the care listed.

(D) Item(s)/Service(s):	(E) Reason:	(F) Estimated Cost:

- Medicare wants us to be sure you make an informed choice. Read this whole notice, which explains our opinion that Medicare won't pay. **This is not an official Medicare decision.** Ask us for more explanation if you need it. For questions on this notice or on Medicare billing, you can also call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).
- You need to make a choice about receiving the care listed above. You must choose only one of the three options below. We cannot choose for you.
- We must bill Medicare when you ask us to. We may help you with billing other insurance if you choose Option 2 or 3 below, though Medicare cannot require us to do this.

(G) OPTIONS

1. Do not provide me with anything listed above. With no care provided, there is no billing. I understand that I cannot appeal to Medicare when choosing this option.
2. Provide me with what is listed above. I do not want Medicare billed. I agree to be responsible for payment. I understand that I cannot appeal to Medicare when choosing this option.
3. Provide me with what is listed above. I want you to bill Medicare for an official decision on payment. You can ask for payment now that will be refunded if Medicare pays. I understand that if Medicare does not pay, I can appeal that decision.

(H) Other insurance to consider for billing: _____

Your signature below means that you have received this notice and understand it. You will also get a copy.

(I) Signature: _____

(J) Date: _____

7 **PRIVACY 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 (0 hours)(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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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