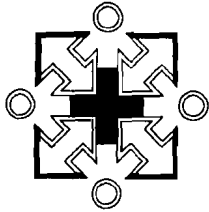


**Carteret  
General  
Hospital**



3500 Arendell Street – P.O. Drawer 1619 – Morehead City, NC 28557-1619  
• [www.ccgh.org](http://www.ccgh.org) – Telephone (252) 808-6000, FAX (252) 808-6985

Kenneth C. Wagner, Jr.  
Chairman  
Frederick A. Odell, III, FACHE  
President

*CMS R-131*

*H 3*

June 8, 2007

CMS, Office of Strategic Operations and Regulatory Affairs  
Division of Regulations Development C  
Attention: Bonnie L. Harkless  
Room C4-26-05  
7500 Security Blvd.  
Baltimore, Maryland 21244-1850

Dear Sir or Madam:

This letter is in response to information we received on behalf of CMS/CMS Provider Resource requesting additional Public Comment on the Revised Advance Beneficiary Notice (ABN). Please consider the following during this comment period:

1. Under (G) Options number 3, where it states “ I understand that if Medicare does not pay, **I can appeal that decision**”. Can an additional statement be added, **but ultimately I am responsible for payment.**
2. Can a total cost field be added to the ABN Form?
3. If Blank (H) Other insurance to consider for billing is optional, is it required to be on the ABN Form?

Thank you for your consideration.

Sincerely,

*Lynn S. Godette*

Lynn S. Godette,  
Compliance Administrator

Chiropractic



at  
The White Door

**Dr. Thomas G. Bruno**  
CHIROPRACTOR

# 4/  
142 GARDNER ROAD  
P.O. BOX 42  
TROUT CREEK, MI 49967  
(906) 852-3371

May 31, 2007

CMS, Office of Strategic Operations and Regulatory Affairs,  
Division of Regulations Development – C  
Attention: Bonnie L. Harkless  
Room C4-26-05,  
7500 Security Blvd.  
Baltimore, Maryland 21244-1850

Dear Ms Harkless,

May I respectfully suggest in (G) **Option Box**, a modified wording for **Option 1** (shown below in blue) for the following reason:

The original wording instructs the provider to refund any payment made by the patient regardless whether a Medicare payment is sent to the provider or directly to the patient.

Example: a non-participating provider (who does not accept assignment) collects payment from the patient at time of service and bills Medicare on behalf of the patient with instructions for Medicare to pay benefits directly to the patient. If the patient subsequently receives benefit payment from Medicare, there is no reason for the provider to refund the patient.

**OPTION 1.** I want the items or services listed above. You may collect money from me now, but I also I want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare pays you, you will refund any payments I made to you, less co-pays or deductibles.

Thank you for your consideration on this matter.

Sincerely,

Thomas G. Bruno, D.C.

# COUNTY OF SUFFOLK



**STEVE LEVY**  
SUFFOLK COUNTY EXECUTIVE

#5

**DEPARTMENT OF HEALTH SERVICES**

**HUMAYUN J. CHAUDHRY, D.O., M.S.**  
Commissioner

June 14, 2007

CMS, Office of Strategic Operations and Regulatory Affairs,  
Division of Regulations Development - C  
Attention: Bonnie L. Harkless  
Room C4-26-05  
7500 Security Blvd.  
Baltimore, Maryland 21244-1850

Ref: CMS-R-131 ABN

Dear Ms. Harkless:

I would like to take this opportunity to make the following comments about the newly drafted Advance Beneficiary Notice of Noncoverage (ABN), of which comments are being accepted until June 24, 2007:

1. We would like to see one (1) form with Laboratory and General combined, specifically Laboratory and Services as for Physician Services.
2. The Spanish versions should come out simultaneously with the English versions.
3. The User-Customizable Sections on page 7 of the Part-I - Instructions for Carriers, Physicians and Suppliers in Section E, number 3 should have a clearer description of what can be customized by the physician in reference to the newest drafts.
4. We would recommend the Confidential Statement language be put back in as in the older forms.
5. We would like to know the date or timeframe of when the forms will be approved and ready for use.

Thank you, and if you would like to contact me, I can be reached by email at [Shellie.Dworkin@suffolkcountyny.gov](mailto:Shellie.Dworkin@suffolkcountyny.gov) or by telephone at 631 853-8084.

Sincerely,

Shellie Dworkin, MPS, RHIA, CPHQ  
Medical Records Administrator

Cc:  
OMB Human Resources and Housing Branch  
Attention Carolyn Lovett  
New Executive Office Building, Room 10235  
Washington, DC 20503  
Fax# (202) 395-6974