

A. Notifier: REHAB SERVICES, LLC | 800.486.KNEE | thecpmguy.com

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. CPM Machine (or Other) 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 D. CPM Machine (or Other) below.

D. CPM Machine Rental (or Other)	E. Reason Medicare May Not Pay:	F. Estimated Cost
<input type="checkbox"/> KNEE <input type="checkbox"/> SHOULDER <input type="checkbox"/> ELBOW <input type="checkbox"/> OTHER _____	<input type="checkbox"/> If use/billing is beyond 21 days from the date of surgery. <input type="checkbox"/> Your diagnosis is something other than a Total Knee Replacement. <input type="checkbox"/> Other _____	Rental: \$15 per day Soft Good: \$20 purchase Other: _____

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. CPM Machine (or Other) 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.

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

- OPTION 1.** I want the D. CPM Machine (or Other) listed above. You may ask to be paid now, but I also 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 does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the D. CPM Machine (or Other) listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the D. CPM Machine (or Other) listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

HOSPITAL START DATE:

DISCHARGE DATE:

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.

I. Signature:

J. Date:

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