



## FAMILY CARE

I, \_\_\_\_\_ hereby acknowledge and understand that Dr. Zohra Siddiqi, D.O. and/or Webster Family Care will not submit any claims for payment to my insurance company for any functional/integrative/anti-aging medical services provided by Dr. Zohra Siddiqi, D.O. and/or Webster Family Care to Medicare (CMS or any medicare contractors) in my behalf. I also acknowledge and understand that I will not submit any claims for payment for any functional/integrative/anti-aging medical services provided by Dr. Zohra Siddiqi, D.O. and/or Webster Family Care to Medicare (CMS or any medicare contractors). I understand that I cannot appeal if Medicare is not billed.

If the services provided by Dr. Zohra Siddiqi D.O. is traditional medicine, which is approved by Medicare, as part of allowable services then Medicare will be billed by the office with medicare specific codes. However, If I decide to have special testing or treatment (hormones etc) or supplements which are NOT covered by Medicare as allowable then it will be my financial responsibility.

I, hereby acknowledge and understand, that I will be financially responsible for any and all bills associated with any and all Non-covered (functional/integrative/anti-aging)services provided by Dr. Zohra Siddiqi, D.O. and/or Webster Family Care.

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Sign and Date

A. Notifier:

B. Patient Name:

C. Identification Number:

### Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn't pay for D. Dotted items 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. \_\_\_\_\_ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
<ul style="list-style-type: none"> <li>• Functional Medicine/testing</li> <li>• Integrative Medicine/testing</li> <li>• Aesthetic Medicine</li> <li>• Shockwave therapy</li> <li>• PRP treatments</li> <li>• I.V. Treatment</li> </ul>	<p>may be determined by Medicare to be investigational or Not covered or Unnecessary.</p> <p>Advanced testing Allergy, lipids, but, heavy metal, Nutrient</p>	<p>\$ 500 - \$3,000</p>

**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. \_\_\_\_\_ 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. \_\_\_\_\_ 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. A 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. \_\_\_\_\_ 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:

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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