

Advance Beneficiary Notice of Noncoverage (ABN)

Patient Name: _____

(Please Print)

Although your medical professional may deem certain procedures as necessary, some insurance companies do not pay for the procedures listed below. As a result, payment will be required at the time services are rendered.

Codes / Procedures	Estimated Cost
99203- Office Visit	\$40.00
99213- Office Visit	\$40.00
69210- Wax Removal	\$40.00
92700- Video Nystagmography	\$40.00
95992- Epley	\$40.00

WHAT YOU NEED TO KNOW:

- 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.
- If your insurance does pay for any of these services, a credit will be applied to your account.

Signing below indicates that you have received and understand this notice. You may also receive a copy, upon request.

Date

Patient/Guardian Signature

Printed Name