A. Notifier: Endocrinology Clinic of Minneapolis

B. Patient Name: **C. Identification Number:**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare/your insurance doesn't pay for **D. Telemedicine Medical Nutrition Training** below, you may have to pay. Medicare/ your insurance 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/ your insurance may not pay for the **D. Telemedicine Medical Nutrition Training** below.

D. Telemedicine Medical Nutrition Training	E. Reason Medicare May Not Pay:	F. Estimated Cost
Individual Medical Nutrition Training	May not be a covered service.	$86.89 per 15 minutes

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. Telemedicine Medical Nutrition Training** 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/your insurance 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. Telemedicine Medical Nutrition Training** listed above. You may ask to be paid now, but I also want Medicare/my insurance billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN) or explanation of benefits (EOB). I understand that if Medicare/my insurance don't pay, I am responsible for payment, but I can appeal to Medicare/my insurance by following the directions on the MSN or EOB**.** If Medicare/my insurance do pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D. Telemedicine Medical Nutrition Training** listed above, but do not bill Medicare/my insurance. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare/my insurance is not billed.

☐ **OPTION 3.** I don't want the **D. Telemedicine Medical Nutrition Training** 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/your insurance 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) or your insurance company. Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date: