

**ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE  
MEDICARE ONLY**

MEDICARE WILL ONLY PAY FOR SERVICES THAT IT DETERMINES TO BE "REASONABLE AND NECESSARY" UNDER LAW. IF MEDICARE DETERMINES THAT A PARTICULAR SERVICE, ALTHOUGH IT WOULD OTHERWISE BE COVERED, IS "NOT REASONABLE AND NECESSARY" UNDER MEDICARE PROGRAM STANDARDS, MEDICARE WILL DENY PAYMENT FOR THAT SERVICE. AS YOUR PHYSICIAN, I FEEL THAT THE SERVICE BELOW IS IN YOUR MEDICAL INTEREST. I BELIEVE THAT IN THIS CASE MEDICARE IS LIKELY TO DENY PAYMENT FOR THE REASON(S) STATED BELOW:

**NON-COVERED SERVICES: TRIMMING OF TOENAILS, CALLUS DEBRIDEMENT**

**BENEFICIARY AGREEMENT**

MY PHYSICIAN HAS NOTIFIED ME THAT HE/SHE BELIEVES THAT MEDICARE IS LIKELY TO DENY PAYMENT FOR THE SERVICE(S) LISTED ABOVE. IF MEDICARE DENYS PAYMENT, I ACCEPT FINANCIAL RESPONSIBILTY FOR PAYMENT OF THESE SERVICES.

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PATIENT SIGNATURE

\_\_\_\_\_  
DATE