

North Shore Gastroenterology & Endoscopy Center, Inc.
850 Columbia Road
Westlake, Ohio 44145

1 Infinity Corporate Centre
Garfield Heights, Ohio 44125

Advanced Beneficiary Notice

You need to make a choice about receiving these health care items or services.

We expect that Medicare may not pay for the item(s) or service(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items or services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. Your doctor has good reason for his recommendation.

Medicare may NOT pay for:

- Colonoscopy
- EGD (upper endoscopy)
- Other _____

The purpose of this form is to help you make an informed decision about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself.

- Ask us to explain, if you don't understand why Medicare may not pay.
- Ask us how much these items or services will cost you
Estimated Cost: \$ _____

Please choose one option. Sign and date your choice.

- Yes. I want to receive these items or services
I understand that Medicare will not decide whether to pay unless I receive these items or services. Please submit my claim to Medicare. I understand that you may bill me for items or services and that I may have to pay the bill while Medicare is making its decision. If Medicare does pay, you will refund to me any payments I made to you that are due to me. If Medicare denies payment, I agree to be personally responsible for payment. That is, I will pay personally, either out of pocket, or through any other insurance I have. I understand that I can appeal Medicare's decision.
- No. I have decided not to receive these items or services.
I will not receive these items or services. I understand that you will not be able to submit a claim to Medicare.

Signature of Patient or person acting on patient's behalf

Date