

A. Notifier: The Center for Counseling, 5815 Broadway Great Bend, KS 67530 (620)792-2544

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If United Healthcare (UHC) doesn't pay for box **D.** listed below, you may have to pay. United Healthcare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect United Healthcare may not pay for box **D.** listed below.

D.	E. Reason United Healthcare May Not Pay:	F. Estimated Cost
90791-Intake \$120.00 90832- ½ Hour Therapy \$60.00 90837- 1 Hour Therapy \$120.00 90847 – Family Therapy \$120.00 90853 – Group Therapy \$60.00 90839 – Crisis Therapy \$120.00 96101-Psychological Evaluation \$400 99212- E&M Level 2 \$45.00 99213- E&M Level 3 \$95.00 99214- E&M Level 4 \$135.00 99215- E&M Level 5 \$175.00	Non Covered Provider	Prices listed in box D. unless a fee is set based off of your family income. Reduced rate does not apply to Psych Eval

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 box **D.** listed above.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the **D.** box listed above. You may ask to be paid now, but I also want United Healthcare billed for an official decision on payment, which is sent to me on a UHC Explanation of Benefits (EOB). I understand that if UHC doesn't pay, I am responsible for payment, but **I can appeal to UHC.** If UHC does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the **D.** box listed above, but do not bill UHC. You may ask to be paid now as I am responsible for payment. I cannot appeal if UHC is not billed.
- OPTION 3.** I don't want the **D.** box listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if UHC would pay.

H. Additional Information:

E&M refers to evaluation and management and is a process which patient encounters for medication services are translated into five digit CPT codes for billing. E&M guidelines are set by CMS, which determines the selected CPT code based on three "key components" history, physical exam & medical decision making.

This notice gives our opinion, not a denial from your insurance company. If you have other questions on this notice please ask the front desk, the billing office, or the physician before you sign below.

Signing below means that you have received and understand this notice. You will also receive a copy.

I. Signature:	J. Date:
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