

MEDICARE MEDICAL NECESSITY STATEMENT AND SIGNATURE

Our primary concern is to provide you with the best possible care. Medicare does not pay for all services and will only allow those which it determines, under the guidelines spelled out in the Omnibus Reconciliation Act of 1986 Section 1863(a)(1), to be reasonable and necessary. Under this law, a procedure or service deemed to be medically unreasonable or unnecessary will be denied. Since we believe each scheduled visit or planned procedure is both reasonable and necessary, we are required to notify you in advance that the procedures or services listed below, which we have mutually agreed on, may be denied by Medicare.

Date of Service \_\_\_\_\_

**Description of Service:**

New Gynecological Patient Exam

**Charge**

\$150.00

Established Gynecological Patient Exam

\$125.00

Other: \_\_\_\_\_

Denial may be for the following reasons:

1. Medicare does not usually pay for this many visits/services or treatments within this period of time.
2. Medicare does not usually pay for this type of service for your condition.

We will make every attempt to assist you in collecting payment from Medicare. In order for us to assist you in this matter, the law requires that you read the following agreement and sign it.

I have been informed by All About Women of Christiana Care that he/she believes, in my case, Medicare is likely to deny payment for the services and reasons stated above. If Medicare denies payment, I agree to be personally and fully responsible for payment. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If "other health information" is indicated in Item 9 of the HCFA-1500 form, or elsewhere on the other approved claim forms, my signature authorizes release of the information to the insurer or agency show. In Medicare assigned cases, the provider/supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is only responsible for the deductible, co-insurance, and/or non-covered services. Co-insurance and the deductible are based upon the charge determination of the Medicare carrier.

\_\_\_\_\_  
Patient's Name (please print)

\_\_\_\_\_  
Provider's Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Patient's Medicare #

Witness – All About Women Staff \_\_\_\_\_