

**S.T.A.R. Ambulance Service, Inc****PO Box 444, Crawfordsville, IN 47933 Phone: (765) 364-1500 Fax: (855) 498-5664****B. Patient Name:** \_\_\_\_\_ **C. Identification Number:** \_\_\_\_\_**Advance Beneficiary Notice of Noncoverage (ABN)****NOTE:** If Medicare/Insurance doesn't pay for the ambulance services below, you may have to pay.

Medicare/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/Insurance may not pay for the ambulance services listed below.

**Requesting:**                      **BLS**                      **ALS**                      **(please circle one) non emergent transport**

Services	Reasons Medicare/Insurance May Not Pay:	Estimated Cost
Ambulance transport and mileage	___ Medicare does not pay for transportation from a residence or a SNF for services that could more economically be performed at the residence or SNF	\$ <u>1076.08</u>
	___ Medicare does not pay for ambulance service that is not medically necessary	BLS Ambulance Service
	___ Medicare/Insurance does not pay for transports to a doctor's office or other non-covered destinations	OR
	___ Medicare does not pay for transports for the convenience of a patient, family or physician	\$ <u>1291.32</u>
	___ Medicare does not pay for mileage beyond the closest appropriate facility	ALS Ambulance Service
	___ Medicare does not pay for a higher level of service (Advanced Life Support) when a lower level of service (Basic Life Support) would suffice	AND
	___ Medicare will not pay for air ambulance service if the patient could have been safely transported by ground ambulance.	\$ <u>36.60</u> per mile For
	___ Medicare does not pay for non-transporting paramedic intercept services	BLS and ALS mileage
	___ Medicare does not pay for wheelchair van or stretcher car services	

**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 ambulance services 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 cannot require us to do this.

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

- ☐ **OPTION 1.** I want the ambulance services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- ☐ **OPTION 2.** I want the ambulance services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- ☐ **OPTION 3.** I don't want the ambulance services 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 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).

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

**I. Signature:****J. Date:**