

Good Samaritan Health & Wellness Center
Policies and Procedures

Subject: AR Medicare Non-Covered Services
AR Advance Beneficiary Notice (ABN)

Policy #: 3.22.3

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3.22.3 AR Medicare Non-Covered Services Advance Beneficiary Notice (ABN)

Policy: It is the policy of GSHWC that all non-covered Medicare services be communicated to the patient prior to treatment and all documentation of his/her acceptance of financial responsibility will be obtained prior to providing the service.

Purpose: To be certain patients are informed of non-covered Medicare services and their responsibility for payment.

Procedures:

At the time of scheduling an appointment, GSHWC will inform Medicare patients of any service not covered by Medicare.

1. When patients arrive for their appointment, they will sign an ABN form which identifies the non-covered service and their acceptance of the financial responsibility for the service.
2. If a service prescribed for the patient has not been previously discussed with them, an ABN must be signed prior to providing that service.

When a non-covered lab is ordered eClinicalWorks EHR/Practice Management system (eCW) automatically prints an ABN form that specifically defines the service and diagnosis provided at the visit for the patient to sign.