Kootenai County Emergency Medical Services System
4381 West Seltice Way
Coeur d'Alene, ID 83814
Phone: (208) 930-4224 Fax: (208) 930-4259

PATIENT NAME: **DATE:**

Advance Beneficiary Notice of Noncoverage (ABN)

Medicare doesn't pay for everything, even some care that you or your health care provider think you need. **We expect Medicare may not pay for the ambulance services listed below**. If Medicare doesn't pay, you may have to pay.

Services	Reason Medicare May Not Pay	Estimated Cost
Ambulance transport and/or 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.	**$586.00 – $1,225.00** Ambulance Service **$17.50 - $23.00/per mile** Mileage
	☐ Medicare does not pay for ambulance service that is not medically necessary. Examples: • when a car, taxi, wheelchair van or stretcher van service could have been utilized, regardless of time or availability • convenience of a patient, family or physician	
	☐ Medicare does not pay for mileage beyond the closest appropriate facility.	

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.

Choose ONE option below. We can't choose a box for you.

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.

☐ **OPTION 1: I want the ambulance services listed above, and I want Medicare to be billed for an official decision on payment, which I'll get on a Medicare Summary Notice (MSN).** You can ask to be paid now. I understand that if Medicare doesn't pay, I am responsible to pay, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you'll refund any payments I made to you, minus co- pays or deductibles.

☐ **OPTION 2: I want the ambulance services listed above, but don't bill Medicare.** You may ask to be paid now and I am responsible for paying. **I understand that I can't appeal since Medicare isn't 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 can't appeal to see if Medicare would pay.**

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 users can call 1-877-486-2048. Signing below means that you have received and understand this notice. You may ask to receive a copy.

Signature	Date (mm/dd/yyyy)

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about- us/accessibility-nondiscrimination-notice.