

As part of your home exercise program that is essential to your physical therapy regimen, you will be provided with theraband for home use. Due to rising supply costs and decreasing health care reimbursement rates, effective 1/1/2017, Blue Ridge Physical Therapy has been forced to institute a new policy regarding theraband provided for home use. We will charge a one-time fee of \$10.00 to cover all of the bands that will be provided over the course of your treatment. This fee will be collected on the day of your initial evaluation. Should you elect not to pay the \$10.00 fee, then you will be responsible for obtaining the bands for home use on your own.

Notifier: Blue Ridge Physical Therapy
Patient Name:

Advance Beneficiary Notice of Noncoverage (ABN)

Health 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 insurance will not pay for the *theraband* below.

<i>theraband</i>	Health Insurance does not typically pay for this service/supply.	Cost: \$10.00
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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 *Theraband* listed above.

Options: Check only one box. We cannot choose a box for you.
<input type="checkbox"/> Option 1. I want the <i>theraband</i> listed above, but do not bill health insurance. You may ask to be paid now as I am responsible for payment. I cannot appeal.
<input type="checkbox"/> Option 2. I don't want the <i>theraband</i> listed above. I understand with this choice I am not responsible for payment.

This notice gives our opinion, not an official Medicare decision. If you have any 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 may also receive a copy.

Signature:	Date:
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time require to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing date sources, gather data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.