

**Newton Fire/EMS**

200 E. 3<sup>rd</sup> St, Newton, KS 67114 Phone: (316) 284-6060 Fax: (316) 284-6061

Patient Name: \_\_\_\_\_ Identification Number: \_\_\_\_\_

**Advance Beneficiary Notice of Noncoverage (ABN)**

**NOTE:** If your insurance doesn't pay for the ambulance services below, you may have to pay.

Your insurance may not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect your insurance may not pay for the ambulance services listed below.

Services	Reason Insurance May Not Pay	Estimated Cost
BLS Ambulance Transport	___ Insurance does not pay for transportation from a residence or SNF for services that could more economically be performed at the residence or SNF.	<u>\$450 - \$600</u> BLS Ambulance Service
ALS Ambulance Transport	___ Insurance does not pay for ambulance service that is not medically necessary. ___ Insurance does not pay for transports to a doctor's office or other non-covered destinations.	<u>\$600 - \$700</u> ALS Ambulance Service
Ambulance Mileage	___ Insurance does not pay for transports for the convenience of a patient, family, or physician. ___ Insurance does not pay for mileage beyond the closest appropriate facility. ___ Insurance does not pay for a higher level of service (Advanced Life Support) when a lower level of service (Basic Life Support) would suffice.	<u>\$850.00</u> ALS 2 Ambulance Service  <u>\$15 Per Mile</u>  <u>\$55 Disposables</u>

**WHAT YOU NEED TO KNOW:**

- 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 appeal to your insurance company for coverage.

**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 my insurance billed for an official decision on payment, which is sent to me as an Explanation of Benefits. I understand that if my insurance doesn't pay, I am responsible for payment, but I can appeal to my insurance company. If my insurance does pay, you will refund any payments I made to you, less co-pays, co-insurance, or deductibles.
- OPTION 2.** I want the ambulance services listed above, but do not bill my insurance company. You may ask to be paid now as I am responsible for payment.
- OPTION 3.** I don't want the ambulance services listed above. I understand with this choice I am not responsible for payment.

**Additional Information:**

**This notice gives our opinion, not a denial from your insurance company.** If you have questions on this notice, please ask EMS personnel or contact Newton Fire/EMS at (316) 284-6060.

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

<b>Signature:</b>	<b>Date:</b>
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