

ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)
Notification of financial liability for services that Medicare never covers.

PROCEDURE/TEST:	REASON MEDICARE DOES NOT PAY:	COST:
• REFRACTION	• Non-covered service	• \$45.00
• OCT SCAN	• Non-billable with Fundus Photography (Optomap)	• \$25.00

- 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.

Signing below means that you have received and understand this notice.

Signature: _____ Date _____ / _____ / _____