



ADVANCE BENEFICIARY NOTICE (ABN)

You need to make a choice about receiving these health care items or services. In some cases the physician may order a specific test to determine a diagnosis, or detect pre-symptomatic diseases. The purpose of this form is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself.

Procedures

Office Visit (Dr, PA) time & complexity	\$60 – 425
Acupuncture	\$50 – 80
**MRI/MRA	\$900 – 2000
**INJECTION	\$30 – 950
**MEDICINE	\$5 - 15
**NERVE CONDUCTION STUDIES/EMG	\$100 – 335
**EEG	\$100 - 140

****These prices are subject to be higher than what is listed at the top of the page depending on the amount (units) that is given.**

I have been notified that in my case, my Insurance may deny payment of these services listed above due to frequency, type of test performed, medical necessity or documentation. If my Insurance denies payment, I agree to be personally and fully responsible for payment.

Patient's Signature or person acting on patient's behalf

Date

Office Staff Signature

Date