

# WASHINGTON COUNTY AMBULANCE SERVICE

1120 N. 8<sup>th</sup> Ave, P.O. Box 889, Washington, IA 52353

319-653-2047

Patient Name:

Identification Number:

## Advance Beneficiary Notice of Non-coverage (ABN)

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

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

Services	Reason(s) Medicare May Not Pay:	Estimated Cost
Ambulance transport and mileage	a. 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.	\$800.00 BLS Ambulance Service
	b. Medicare does not pay for ambulance service that is not medically necessary.	
	c. Medicare does not pay for transports to a doctor's office or other non-covered destinations.	
Ambulance mileage	d. Medicare does not pay for transports for the convenience of a patient, family or physician.	
	e. Medicare does not pay for mileage beyond the closest appropriate facility.	
ALS Ambulance	f. Medicare does not pay for a higher level of service (Advanced Life Support) when a lower level of service (Basic Life Support) would suffice.	

### 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 have 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 use any other insurance that you might have, but Medicare cannot require us to do this.

### 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 Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the ambulance services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not 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 cannot appeal to see if Medicare would pay.

**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: 1-877-486-2048).

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

Signature:

Date:

**CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov).**

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 required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the 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.

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Washington, IA 52353  
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## NOTICE OF PRIVACY POLICY

This Consent Form is required by law to make sure you are aware of the way in which Washington County Ambulance Service may use or disclose to others your protected health information or PHI, for treatment, payment and health care operations. By signing this consent form you have agreed to authorize Washington County Ambulance Service to use or disclose your PHI as more fully described in the "Washington County Ambulance Patient Notice" (or "Privacy Notice" for short), which you should request from us and review carefully.

***Your Health Information is Confidential and Protected by Us.*** Most health information we have about you, the health care services we provide to you, and information we use to obtain payment for our services is considered confidential and is protected by Washington County Ambulance Service in accordance with the law. Washington County Ambulance Service will not consider any use or disclosure of PHI not specifically mentioned in our Privacy Notice as an authorized use or disclosure unless Washington County Ambulance Service has already obtained the required written consent from you.

***We May Use and Disclose Your Health Information With Specific Safeguards in Place.*** The law permits Washington County Ambulance Service to use and disclose PHI about you for treatment, payment and health care operations. Our privacy notice provides you with important information on the type of uses and disclosures of your health information that Washington County Ambulance Service obtains or uses.

You have a right to request a copy of our Privacy Notice and to review it before signing this consent form. Our Privacy Notice and privacy policies are subject to change and are effective as of the date indicated on the bottom of the current version of the Privacy Notice. If Washington County Ambulance Service changes its privacy policies, you may obtain a revised version of the Notice by contacting:

Privacy Officer  
Washington County Ambulance Service  
1120 N. 8<sup>th</sup> Avenue  
P.O. Box 889  
Washington, IA 52353  
(319) 653-2047



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~ Est. 1968 ~