



**North Hills**  
 Passavant Prof. Bldg  
 9104 Babcock Blvd.  
 Suite 3112  
 Pittsburgh, PA 15237  
 p: 412-366-3889  
 f: 412-364-6160

**Allegheny**  
 Allegheny Prof Bldg  
 490 East North Ave.  
 Suite 207  
 Pittsburgh, PA 15212  
 p: 412-321-1810  
 f: 412-321-2005

**Mercy**  
 Building D  
 Suite # 5122  
 1400 Locust St.  
 Pittsburgh, PA 15219  
 p: 412-281-0322  
 f: 412-281-2327

**Robinson**  
 133 Church Hill Rd.  
 1st Floor  
 Pittsburgh, PA 15136  
 p: 412-321-1810  
 or 866-827-0173  
 f: 412-321-2005

www.metroent.org

**Steven R. Jones, M.D.**  
**Scott E. Celin, MD, FACS**  
**Philip A. Pollice, MD, FACS**  
**James E. Blaugrund, MD, FACS**  
**Michael S. Srodes, M.D., FACS**

**Brentwood**  
 4190 Brownsville Rd.  
 Pittsburgh, PA 15227  
 p: 412-281-0322  
 f: 412-281-2327

**Greentree**  
 969 Greentree Rd., 2nd Fl  
 Pittsburgh, PA 15220  
 p: 412-281-0322  
 f: 412-281-2327

**Wexford**  
 6001 Stonewood Dr., Ste 300  
 Wexford, PA 15090  
 p: 724-772-2711  
 f: 724-935-3045

Notifier: Metropolitan ENT Associates

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Medicare #: \_\_\_\_\_

**Medicare ADVANCE BENEFICIARY NOTICE of NONCOVERGE (ABN)**

NOTE: If the Medicare plan does not pay for Cerumen Removal (69210) below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have deemed necessary. Medicare may not pay for the Cerumen Removal below.

<u>Procedure Code</u>	<u>Reason Medicare May Not Pay:</u>	<u>Estimated Cost:</u>
69210 –Cerumen Removal	Exceeds annual benefit limit on policy	\$65.00 (\$49.06)

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so that you can make an informed decision about your care.
- Ask us questions that you may have after you have finish reading.
- Choose an option below about whether to have the Cerumen Removal performed.

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.

**SIGN & DATE YOUR CHOICE**

- Option 1.** I want the Cerumen Removal listed above. I may be asked to pay 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, we will refund any payments I made to you, less co-pays or deductibles.
- Option 2.** I want the Cerumen Removal listed above, but do not bill Medicare. I may be asked to pay now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- Option 3.** I don't want the Cerumen Removal listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

**Additional Information:**

**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 received a copy.

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