



M DELCHARCO, JR., MD LLC

November 12, 2018

Dear Medicare Patient,

Medicare began paying for a special Annual Wellness Visits on January 1, 2011. These services are intended to help develop a plan for addressing ongoing medical problems. In general, these services should be performed by your primary care provider. The service you normally receive in our office are not included in this Annual Wellness Visit. Specifically, the new Annual Wellness Visit does not include pelvic and breast examinations or the collection of Pap smears. The Medicare Annual Wellness Visit is geared to address your ongoing general medical needs and not specific gynecologic problems or concerns.

The Medicare Annual Wellness Visit should be available to you through your primary care provider. Therefore, this office will perform an annual well-woman exam for Medicare recipients under Medicare's terms of Advanced Beneficiary Notice of Non-Coverage, see attached Medicare's required ABN form.

As always, we are happy to see you for any gynecologic problems you may have, including the ongoing management of menopausal symptoms, bladder problems, and issues with pelvic pain, prolapse, osteoporosis, breast concerns or other gynecological related issues. Your normal deductible and co-insurance will apply to these problem-oriented services.

If you have any questions please feel free to call our office and speak with Nancy, our insurance coordinator, or Shannon, Practice Manager at (352)690-6300.

Thank you,

M. Delcharco JR., MD LLC

M. F. DelCharco, Jr., MD, FACOG

www.delcharco.com

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A. Notifier: M Delcharco, JR., MD LLC

B. Patient Name:

C. Account Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. 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 D. services below.

| D. | E. Reason Medicare May Not Pay: | F. Estimated Cost |
|--|--|---------------------------------------|
| G0101,GA Screening Pelvic & Breast Exam | Covered only once every 2 years | \$37.63 |
| Q0091,GA Collection of Pap Smear Specimen | Covered only once every 2 years | \$43.36 |
| G0328,QW Colorectal Cancer Screening | Covered yearly if 50 or older by PCP or Specialist | \$21.28 |
| 99203,25 E&M New Pt Level 3 CIRCLE ONE | Office visit | \$109.17/\$21.83 CIRCLE ONE |
| 99213,25 E&M Est Pt Level 3 | | \$73.30/\$14.66 |

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 finish reading.
- Choose an option below about whether to receive the D. 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.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the D. 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 D. 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 D. services listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. 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 receive a copy.

| | |
|---------------|----------|
| I. Signature: | J. Date: |
|---------------|----------|

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