

A. Notifier: Anti-Aging & Wellness Center 4000 Stockdale Hwy, Bakersfield 93309 & 276 S. Mill St, Tehachapi 93561

B. Patient Name:

C. ID or Chart Number:

Insurance Advance Beneficiary Notice of Non - Coverage (ABN)

NOTE: Insurance do not pay for everything, even some health care that you or your health care provider have good reason to think you need. We expect your Insurance may not pay for: **Tests, Services, Procedures or Supplements in Section D & you may have to pay for these, if you want these services in Section D.**

D. Tests, Services, Procedures, IVs, IM Injections, Treatments, Supplements & Others	E. Reason Insurances May Not Pay as these are considered experimental or unproven therapies	F. Estimated Cost Range Between
➤ All Supplements, Vitamins, etc.	Insurances do not pay for OTC supplements	\$1-\$200
➤ Some Tests: Hair, Blood, Urine, Saliva, Stool	Insurances do not pay for experimental or unproven tests or if medically unnecessary	\$25-\$999
➤ Most Regenerative & Anti-Aging Therapies, Fat Burning Machine	Insurances do not pay for medically unnecessary or preventive treatments	\$25-\$300
➤ Weight Loss & Energy Injections	Insurances do not pay for some injections or IVs	\$25-\$999
➤ Most IV Therapies: Vit. C, Chelation, Oxidative, Amino Acids, Detox	Insurances do not pay for these procedures or medically unnecessary therapies	\$25-\$100
➤ Some Hormones & Vaccinations	Insurances do not pay for experimental or unproven or detoxification therapies	\$25-\$450
➤ PRP, Ozone, Inflammation Injections	Insurances do not pay for cosmetic therapies	\$25-\$150
➤ Detoxification, Hypberbaric Rx	Insurances do not pay for stem cells services	\$25-\$1,200
➤ All Cosmetic Services & Others		\$25-\$300
➤ Stem Cells Injections		\$25-\$999
		\$500-\$20,000

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 whether to receive the **Uncovered Tests, Services, Procedures or Supplements in Section D.**

Note: If you choose Option 1, you may be able to use any other insurance that you might have, but most Insurances do not require us to help you with additional billing. If you choose Option 3, we will not provide you with these services. Only Option 2 allows us to freely allow you to use any of the above services if desired all at your expense.

G. OPTIONS: You must Check only one Box. We cannot choose a box / option for you.

OPTION 1. I WANT Tests, Services, Procedures or Supplements in Section D. I may be asked to pay now, but I also want Insurance billed for an official decision on payment sent to me on a Insurance Summary Notice (MSN). I understand that if Insurance doesn't pay, I am responsible for payment, but I can appeal to Insurance by following the directions on the MSN. If Insurance does pay, I will be refunded any payments I made less co-pays or deductibles.

OPTION 2. I WANT Tests, Services, Procedures or Supplements in Section D. I am responsible for these charges & will pay for these services. I cannot appeal if Insurance is not billed.

OPTION 3. I DON'T WANT Tests, Services, Procedures or Supplements in Section D. I will not receive these services & I am not responsible for payment. I cannot appeal to see if Insurance will pay.

H. Additional Information: This notice gives our opinion, not an official Insurance decision. If you have other questions on this notice or Insurance billing, call your insurance.

Signing below means that you have received a copy, understand this notice and signing voluntarily.

I. Signature:

J. Date:

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.