

NOTIFIER:

VALLEY ANESTHESIOLOGY CONSULTANTS

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If your health insurance company doesn't pay for **conscious sedation** for **EGD/Colonoscopy**, you may have to pay.

Your health insurance provider does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect your health insurance provider may not pay for **conscious sedation** for the **EGD/Colonoscopy** because they believe that anesthesia services can be provided by your surgeon. **The fee for anesthesiology services is \$200.00.**

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 **conscious sedation for EGD/COLONOSCOPY.**

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but your health insurance provider cannot require us to do this.

OPTIONS:	Check only one box. We cannot choose a box for you.
<input type="checkbox"/>	OPTION 1. I want the conscious sedation for EGD/Colonoscopy. You may ask to be paid now, but I also want my health insurance company billed for an official decision on payment. I understand that if my health insurance company doesn't pay, I am responsible for payment, but I can appeal to my health insurance provider by contacting them directly. If my health insurance company does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/>	OPTION 2. I want the conscious sedation for EGD/Colonoscopy, but do not bill my health insurance company. You may ask to be paid now as I am responsible for payment. I cannot appeal if my health insurance provider is not billed.
<input type="checkbox"/>	OPTION 3. I don't want the conscious sedation for EGD/Colonoscopy. I understand with this choice, I am not responsible for payment, and I cannot appeal to see if my health insurance provider would pay.

Additional Information:

This notice gives our opinion, not an official health insurance decision. If you have other questions on this notice, contact your health insurance provider directly.

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

Signature: _____

Date: _____



PATIENT IDENTIFICATION