

Patient/ Guardian Signature

Date

Advanced Beneficiary Notice

Although patients may benefit from the evaluations and treatments outlined by medical providers, commercial insurances and/or Medicare may not cover these services. Some insurers are not covering office visits **in combination** with administering injections during the same visit. As a result, medical providers are not compensated for the full scope of patient evaluations and interventions.

Once our health care professional administers your injection, we will directly bill your insurance. However, if your insurance does not cover the service(s) provided, you will be financially responsible for any balances accrued. The balance will be due immediately.

By signing this notification, you agree to the outlined treatment discussed with your provider and you assume financial responsibility for the service(s) rendered, if not fully covered by your insurer.

****For safety reasons, we will not accept or administer medications brought in by patients. We will only administer medication that has maintained a medical chain of custody. This means the medication must be provided directly from the supplier (pharmacy, specialty, insurer, etc.).**

Patient/ Guardian Signature

Date

----- **FOR OFFICE USE ONLY** -----

I have explained the contents of this document to the patient and have answered all of his/ her questions to the best of my ability. The patient has given consent and is ready to proceed.

Provider's Signature

Date

Drug/ Lot #/Exp. Date

Drug/ Lot #/Exp. Date

Provider/M.A. Initials