

VOLUNTARY ADVANCE BENEFICIARY NOTICE

NOTE:

Medicare/Medicaid does not cover the services we provide and they are not a Medicare/Medicaid benefit. As such we do not submit claims to Medicare/Medicaid.

This statement is provided voluntarily to make you aware of your financial responsibility upon receiving these services.

Signing below means you received and understand this notice and will not submit bills or receipts to Medicare/Medicaid for reimbursement.

Patient/Guarantor Signature: Date:
