

A. Notifier: Saginaw Psychological Services Inc

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicaid doesn't pay for D. See below, you may have to pay.

Medicaid does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicaid may not pay for the D. See below.

D.	E. Reason Medicaid May Not Pay:	F. Estimated Cost
Psychotherapy (group, individual, family) Psychological Evaluation Psychiatric Diagnostic E&M Medical Services Injections Housing	SUD diagnosis primary, OR Primary insurance payer fee schedule is greater than Medicaid fee schedule and Medicaid will not pay primary insurance deductible due, copay due or coinsurance due	Depends on primary insurance fee schedule after insurance is run

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. listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicaid 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. listed above. You may ask to be paid now, but I also want Medicaid billed for an official decision on payment, which is sent to me on a Medicaid Summary Notice (MSN). I understand that if Medicaid doesn't pay, I am responsible for payment, but I can appeal to Medicaid by following the directions on the MSN. If Medicaid does pay, you will refund any payments I made to you, less co-pays or deductibles.
- ☐ **OPTION 2.** I want the D. listed above, but do not bill Medicaid. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicaid is not billed.
- ☐ **OPTION 3.** I don't want the D. listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicaid would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicaid decision. If you have other questions on this notice or Medicaid billing, call **1-800-642-3195**.

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

I. Signature:	J. Date:
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