Patient's Name:	D.O.B
	BENEFICIARY NOTICE (ABN)
NOTE: You need to make	a choice about receiving these health care services.
	rom your medical insurance for the item(s) or service(s) that are our medical insurance may not pay for a particular item or service does serve it.
Your medical insurance ma Because it may not be	ay not pay for: <u>VASECTOMY</u> a covered benefit
receive this service, knowing that decision about your options, you • Ask us to explain, if you don't u	Ip you make an informed choice about whether or not you want to t you may be responsible for paying it yourself. Before you make a should <b>read this entire notice carefully.</b> Inderstand why your medical insurance may not pay. It cost you ( <b>Estimated Cost:</b> \$955-1225.00 + Laboratory fees) in case or through other insurance.
PLEASE CHOOSE <b>ONE</b> O	PTION. CHECK <b>ONE</b> BOX. <b>SIGN &amp; DATE</b> YOUR CHOICE.
delay their decision as to whethe submitted. I understand that you my medical insurance is making payments I have made for this se and fully responsible for payment	o receive this service. I understand that my medical insurance may er or not to pay until after I receive this service and the claim has been may bill me for items or services and that I may have to pay the bill while its decision. If my medical insurance does pay, you will refund to me any ervice. If my medical insurance denies payment, I agree to be personally t. That is, I will pay personally, either out of pocket or through any other and I can appeal my medical insurance's decision.
	ecided not to receive this service. I understand that you will not be able insurance and that I will not be able to appeal your opinion that my
Date	Signature of patient or person acting on patient's behalf

**NOTE:** Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to your medical insurance, your health information on this form may be shared with them. Your health information which your medical insurance sees will be kept confidential by your insurance.