Patient Label

CRNA Anes. Assoc., LLC
400 10th St E
Waconia MN 55387
Ph. 888-278-4126

Advance Beneficiary Notice of Non-coverage (ABN)

Insurance doesn't pay for everything, even some care you or your health care provider think you need. **We expect your insurance may not pay for the item, test, service or care listed below.** If your insurance doesn't pay, you may have to pay.

Item, test, service or care	Reason Insurance may not pay	Estimated cost
ANESTHESIA SERVICES FOR INTERVENTIONAL PAIN MANAGEMENT/ INJECTION PROCEDURES	INSURANCE MAY DEEM THE USE OF A SEPARATE ANESTHESIA PROVIDER AS NON-MEDICALLY NECESSARY OR A NON-COVERED SERVICE.	$325.00

What to do now

- Read this notice to make an informed decision about your care.
- Ask any questions you have.
- Choose one option below to let us know if you still want to get the item, test, service or care.

Choose ONE option below. We can't choose for you.

If you choose Option 1 or 2, we may help you use any other insurance you might have, but Insurance can't require us to do this.

○ **Option 1: I want the item, test, service or care listed above, and I want my insurance to be billed for an official decision on payment, which I'll get on an Insurance Summary Notice (ISN).** You can ask to be paid now. I understand that if Insurance doesn't pay, I'm responsible to pay, but I can appeal to Insurance by following the directions on the EOB. If Insurance does pay, you'll refund any payments I made to you, minus co-pays or deductibles.

○ **Option 2: I want the item, test, service or care listed above, but don't bill my Insurance.** You can ask to be paid now and I'm responsible to pay. I understand that I can't appeal, since my Insurance isn't billed.

○ **Option 3: I don't want the item, test, service or care listed above.** I understand I'm not responsible for payment and I can't appeal to see if my Insurance would pay.

Additional information:

This notice gives our opinion, not an official insurance decision. Signing below means you received and understand this notice. You can ask to get a copy.

Signature	**Date** (mm/dd/yyyy)