

Notifier:

Insurance:

Patient Name:

Identification Number:

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## Advance Beneficiary Notice of Non Coverage

### *Commercial Insurance*

**NOTE:** If your insurance does not allow for anesthesia listed below provided on \_\_\_\_\_, you may have to pay. Your insurance does not allow for everything, even some care that you or your health care provider have good reason to think you need.

Procedure That Your Insurance May Not Allow	Reasons Your Insurance May Not Allow (including but not limited to)
Monitored Anesthesia Care (MAC) Used with, but not limited, to: pain injections radiological procedures	Not Being Medically Necessary Experimental Investigational

#### 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 anesthesia listed above.

**OPTIONS:** Check only one box. We cannot choose a box for you.

**OPTION 1.** I want the anesthesia listed above. I understand that if my insurance doesn't pay, I am responsible for payment, but **I can appeal to my insurance, or you the provider, can appeal on my behalf.**

**OPTION 2.** I don't want the anesthesia listed above. I understand with this choice I am **not** responsible for payment.

**I have a needle phobia**

**I do not have a needle phobia**

Signing below means that you have received and understand this notice.

**Signature:**

**Date:**