



Silver View Chiropractic Center

Dr. Gregory Belting • Dr. Carol LaScotte

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Medicare Advanced Beneficiary Notice of Non-Coverage (ABN)

Chiropractic services that are **NOT COVERED** through Medicare or insurance plans administered through Medicare are listed below. I have initialed the boxes below and understand any charges listed I will be responsible for since they are a non-covered service by Medicare or a plan administered through Medicare.

NON-COVERED SERVICE	Cost Per Visit	Patient Initials
Exam(s) *For new patients and/or patients who have not been treated in 2+ years. I am aware that Medicare doesn't cover this charge and I will be responsible for the charge listed.	\$35	
Spinal Manipulation that is performed that is deemed not medically necessary. I am aware that Medicare doesn't cover this charge and I will be responsible for the charge listed.	\$30	
Therapies/Modalities : EMS, Manual Massage/Trigger Point, Ultrasound, Exercise Education I am aware that Medicare doesn't cover this charge and I will be responsible for the charge listed. I also am aware that I can change my mind at anytime to not receive or receive any therapy/modality but I will be responsible for the charge.	\$15 per therapy	
Durable Medical Equipment/Supplies (Circle All Applicable) Supplements, Braces, Orthotics/Heel Lifts, Ice/Heat Packs, Topical Gels, Tens Units,, Etc. I am aware that Medicare doesn't cover this charge and I will be responsible for the charge listed.	Prices marked on products	

I acknowledge that I am signing this statement voluntarily. I have had the opportunity to ask questions about my liability and the provider/staff has answered them to my satisfaction. I understand that I have the right to refuse this care.

Printed Name: _____ DOB: _____

Signature: _____ Date: _____

Reviewed 12/29/22