

UNIVERSITY ORTHOPAEDIC SERVICES, INC.

PATIENT NAME _____ SITE _____
MEDICARE # _____ TELEPHONE # _____
PROVIDER _____ BILLING TELEPHONE # 829-3665

NOTICE OF EXCLUSIONS FROM MEDICARE BENEFITS (NEMB) There are items and services for which Medicare WILL NOT PAY

- Medicare does **not** pay for all of your health care costs. Medicare only pays for covered benefits. **Some items and services are not Medicare benefits and Medicare will not pay for them.**
- When you receive an item or service that is **not** a Medicare benefit, **you are responsible to pay it**, personally or through any other insurance you may have.

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself.

Before you make a decision, you should read this entire notice carefully.

Ask us to explain, if you do not understand why Medicare will not pay.

Ask us how much these items or services will cost you. **Estimated Cost: \$** _____

Medicare will not pay for: _____

1. Because it does not meet the definition of any Medicare benefit
2. Because of the following exclusion* from Medicare benefits:
- | | |
|--|--|
| <input type="checkbox"/> Personal comfort items | <input type="checkbox"/> Routine physicals and most tests for hearing |
| <input type="checkbox"/> Most shots (vaccinations) | <input type="checkbox"/> Routine eye care, eyeglasses and examinations |
| <input type="checkbox"/> Hearing aids and hearing examinations | <input type="checkbox"/> Cosmetic surgery |
| <input type="checkbox"/> Most outpatient prescription drugs | <input type="checkbox"/> Dental care and dentures (in most cases) |
| <input type="checkbox"/> Orthopaedic shoes and foot supports (orthotics) | <input type="checkbox"/> Routine foot care and flat foot care |
| <input type="checkbox"/> Health care received outside the USA | <input type="checkbox"/> Services by immediate relatives |
| <input type="checkbox"/> Services required as a result of war | <input type="checkbox"/> Services under a physician's private contract |
| <input type="checkbox"/> Services paid for by a governmental entity that is not Medicare | |
| <input type="checkbox"/> Services for which the patient has no legal obligation to pay | |
| <input type="checkbox"/> Home health services furnished under a plan of care, if the agency does not submit the claim | |
| <input type="checkbox"/> Items and services excluded under the Assisted Suicide Funding Restriction Act of 1997 | |
| <input type="checkbox"/> Items or services furnished in a competitive acquisition area by any entity that does not have a contract with the Department of Health and Human Services (except in a case of urgent need) | |
| <input type="checkbox"/> Physician's services performed by a physician assistant, midwife, psychologist, or nurse anesthetist, when furnished to an inpatient, unless they are furnished under arrangements by the hospital | |
| <input type="checkbox"/> Items and services furnished to an individual who is a resident of a skilled nursing facility (a SNF) or of part of a facility that includes a SNF, unless they are furnished under arrangements by the SNF | |
| <input type="checkbox"/> Services of an assistant at surgery without prior approval from the peer review organization | |
| <input type="checkbox"/> Outpatient occupational and physical therapy services furnished incident to a physician's services | |

***This is only a general summary of exclusions from Medicare benefits. It is not a legal document. The official Medicare program provisions are contained in relevant laws, regulations, and rulings.**

Patient signature _____ Date _____