

AUGUSTA HEARING AND BALANCE
1215 George C Wilson Drive A3
Augusta, GA 30909
706-364-2378

NAME: _____

DATE: _____

Advanced Beneficiary Notice:

This notice is to make you aware that Medicare will only pay for services that it determines to be reasonable and necessary under Section of the Medicare Law. If Medicare determines that a particular service, although it would be otherwise being covered it not reasonable and necessary under Medicare program standards, Medicare will deny payment. It is the belief that in your case, Medicare is likely to deny payment for the purchase and/or services rendered. For the following reason:

Medicare does not pay for hearing aids or repairs or parts of hearing aids.

Medicare does not pay for wax removal.

Medicare does not pay routine or annual audiological testing.

I have been informed by my Audiologist prior to services being rendered that he/she believes that in my case, Medicare is more likely than not to deny payment for the services.

I agree to be personally and fully responsible for payment.

Signature: _____

Date: _____