



General Insurance Advanced Beneficiary Notice

Section 1 – Patient Information

First Name	MI	LifeSave
Last Name	Suffix	3445 N. Webb Rd.
Identification Number		Wichita
	KS	67226-8125

The provider must document in the patient record the discussion with the patient regarding the following service(s):

Section 2 – Notice of Personal Financial Obligation (Please read before signing)

I have been informed and do understand that the charge(s) for Ambulance and//or (Air/Ground/Mileage) _____

provided to me on ____ ____ _____ **will likely not be covered** because Insurance considers this service to be:

- | | |
|--|--|
| <input type="checkbox"/> Not medically necessary | <input type="checkbox"/> Patient requested services |
| <input type="checkbox"/> Mileage beyond the closest/most appropriate facility or higher level of service than deemed required by insurance | <input type="checkbox"/> Utilization denials |
| | <input type="checkbox"/> Experimental or investigational |

It is my wish to have this service(s) performed even though it may not be paid by Insurance.

I understand that I will be held personally responsible for approximately \$_____. This amount is an approximation only, based on the service(s) expected to be provided.

Options: Check only one box. We cannot choose for you.

Option 1: I want the service listed above. I also want the provider to bill my insurance for the service provided so that a determination of coverage can be made by my carrier.

Option 2: I want the service listed above, but do not want the provider to bill my insurance. I understand that I am responsible for the charge and have no appeal rights if the claim is not processed through my insurance.

Acknowledgment of personal financial obligation applies to charge(s) for service(s) specified above when performed by this or another provider(s).

I further understand any additional service(s) could affect the amount of my financial responsibility.

Your signature required _____
 Patient (Signature of parent/guardian if other than patient) Date Signed _____

I, _____ (witness name), did personally observe and do certify the person who signed above did read this notice and did affix their signature in my presence.

Your signature required _____
 Witness Date Signed _____