## Patient History Update 700 6th Avenue

700 6<sup>th</sup> Avenue St. Albans, WV 25177 304-722-2225

## ADVANCED BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

| Medicaid will only pay for the following services: |   |
|--|---|
| Spinal Manipulations – 98940 and 9894              | 11  |
| X-Rays – Once per year                             |   |
| The patient will be responsible for any            | other charges that Medicaid will not cover. By agreeing t |
| these terms, you will be expected to pay           | at the time of service.                                   |
| If you have a different primary or second          | ndary insurance, we will bill them but you will be        |
| responsible for the copay, co-insurance            | or deductible you may have with them. Please sign and     |
| date the bottom of this form.                      |   |
|  |   |
|  |   |
| Signature:   | Date:   |
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