3. Patient Name:	C. Identification Number:
Advance Ben	eficiary Notice of Noncoverage (ABN)
	for Dbelow, you may have to pay.
edicare does not pay for everyth	ing, even some care that you or your health care provider have
od reason to think you need. W	e expect Medicare may not pay for the D. below.
MEDICARE ONLY PAYS FO 98940 98941 AND 98942	R Medicare only pays for spinal manipulation, all other services are non-covered.
	Spinal physical or manipulative treatment for
ALL OTHER SERVICES ARE NOT COVERED	Maintance Care rather than restorative care is not a Medicare covered service.
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VHAT YOU NEED TO DO NOV	
Note: If you choose Option	t you may have after you finish reading. about whether to receive the Dlisted above. on 1 or 2, we may help you to use any other insurance ye, but Medicare cannot require us to do this.
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn. PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.