

Grand Junction Fire Department

625 Ute Avenue, Grand Junction, CO 81501-7720 Phone: (970) 549-5830 Fax: (970) 549-5840

Patient Name: _____

Incident Number: _____

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Insurance doesn't pay for the ambulance services below, you may have to pay. Insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Insurance may not pay for the ambulance services listed below.

Services	Reason Insurance May Not Pay:	Estimated Cost
Ambulance transport and mileage	<input type="checkbox"/> Insurance does not pay for transportation from a residence or a SNF for services that could more economically be performed at the residence or SNF <input type="checkbox"/> Insurance does not pay for ambulance service that is not medically necessary <input type="checkbox"/> Insurance does not pay for transports to a doctor's office or other non-covered destinations	\$ _____ BLS Ambulance Service
Ambulance mileage	<input type="checkbox"/> Insurance does not pay for transports for the convenience of a patient, family or physician	\$ _____ 19.00 _____ per mile
ALS Ambulance	<input type="checkbox"/> Insurance does not pay for mileage beyond the closest appropriate facility	\$ _____ ALS Ambulance Service
Air Ambulance	<input type="checkbox"/> Insurance does not pay for a higher level of service (Advanced Life Support) when a lower level of service (Basic Life Support) would suffice	\$ _____ Air Ambulance Service
Non-Ambulance Services	<input type="checkbox"/> Insurance will not pay for air ambulance service if the patient could have been safely transported by ground ambulance. <input type="checkbox"/> Insurance does not pay for non-transporting paramedic intercept services <input type="checkbox"/> Insurance does not pay for wheelchair van or stretcher car services	\$ _____ \$ _____

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the ambulance services listed above.
Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Insurance cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the ambulance services listed above. You may ask to be paid now, but I also want Insurance billed for an official decision on payment, which is sent to me on a Insurance. I understand that if Insurance doesn't pay, I am responsible for payment, but **I can appeal to Insurance** by following the directions on the EOB. If Insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the ambulance services listed above, but do not bill Insurance. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Insurance is not billed.**
- OPTION 3.** I don't want the ambulance services listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Insurance would pay.**

Additional Information:

This notice gives our opinion, not an official Insurance decision. If you have other questions on this notice or Insurance billing, call **your Insurance provider.**

Signing below means that you have received and understand this notice. You also receive a copy.

Signature: _____	Date: _____
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