A. Notifier:

B. Patient Name: **C. Identification Number:**

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for **D.** _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Wound debridement Iontophoresis pads Dressing change supplies Silicon gel/sleeve Tape/Coban Home exercise equipment Theraputty Tubigrip Electrodes Digi Sleeve Ice packs	Not covered	$5-$100

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 **D.** _____ listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

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

☐ **OPTION 1.** I want the **D.** _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D.** _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

☐ **OPTION 3.** I don't want the **D.** _____ listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048).

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

I. Signature:	J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

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.

Date:_____

UPPER EXTREMITY FUNCTIONAL INDEX

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your upper limb problem for which you are currently seeking attention. Please provide an answer for **each** activity.

Today, do you or would you have any difficulty at all with: (Circle one number on each line)

ACTIVITIES	Extreme Difficulty	Quite a bit of Difficulty	Moderate Difficulty	A Little bit of Difficulty	No Difficulty
a. Any of your usual work, housework or school activities	0	1	2	3	4
b. Your usual hobbies, recreational or sporting activities	0	1	2	3	4
c. Lifting a bag of groceries to waist level	0	1	2	3	4
d. Placing an object onto, or removing it from an overhead shelf	0	1	2	3	4
e. Washing your hair or scalp	0	1	2	3	4
f. Pushing up on your hands (e.g., from bathtub or chair)	0	1	2	3	4
g. Preparing food (e.g., peeling, cutting)	0	1	2	3	4
h. Driving	0	1	2	3	4
I. Vacuuming, sweeping, or raking	0	1	2	3	4
j. Dressing	0	1	2	3	4
k. Doing up buttons	0	1	2	3	4
l. Using tools or appliances	0	1	2	3	4
m. Opening doors	0	1	2	3	4
n. Cleaning	0	1	2	3	4
o. Tying or lacing shoes	0	1	2	3	4
p. Sleeping	0	1	2	3	4
q. Laundering clothes. (e.g., washing, ironing, folding)	0	1	2	3	4
r. Opening a jar	0	1	2	3	4
s. Throwing a ball	0	1	2	3	4
t. Carrying a small suitcase with your affected limb	0	1	2	3	4
Column Totals:					

Minimum level of detectable change (90% confidence): 9 points

Score: _____ / 80