ACRYSOF® IQ TORIC - FACILITY SAMPLE ABN

Notifier: **Insert name and address of notifier. This may be typed, handwritten, preprinted, labeled, or incorporated into the notifier's logo.**

Patient Name: **First/last name of beneficiary. Identification Number:** **Optional. Do not use HICNs or SS#.**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **ITEM/SERVICE** 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 **ITEM/SERVICE** below.

ITEM / SERVICE	Reason Medicare May Not Pay:	Estimated Cost
1. **The astigmatism-correcting function of an AcrySof® IQ Toric intraocular lens (IOL).** 2. **Marking the axis of astigmatism on the eye at the outset of cataract surgery.** 3. **Any modality to fix residual astigmatism (e.g., limbal relaxing incisions, corneal relaxing incisions, astigmatic keratotomy, LASIK, etc.)**	**Medicare will only pay for standard cataract surgery including the required examinations, testing, follow-up care and a conventional intraocular lens. On January 22, 2007, Medicare established CMS Ruling 1536-R concerning astigmatism correcton with IOLs and declared the physician and facility services related strictly to the astigmatism correction are not covered by Medicare, and thus are the patient's financial responsibility.**	

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 **ITEM/SERVICE** 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.

OPTIONS: Check only one box. We cannot choose a box for you.
☐ **OPTION 1.** I want the **ITEM/SERVICE** 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 **ITEM/SERVICE** 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 **ITEM/SERVICE** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information: **Implantation of an astigmatism-correcting IOL and the related services are not medically necessary. Choosing an astigmatism-correcting IOL is optional. In addition to the cost of the non-covered items and services, you are responsible for the usual co-payments and deductibles associated with covered services (*i.e.,* cataract surgery).**

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.

Signature:	Date: