

Waiver

“Advance Beneficiary Notice”

Medicaid will not pay for services that it determines are not medically necessary or that it classifies as either experimental or investigational in nature. If Medicaid determines that a particular service, although it would otherwise be covered, is not medically necessary, or is experimental, or investigational under your Medicaid plan then Medicaid will deny payment for that test or service.

Medicaid may deny payment for your counseling, medication management, today’s visit, the tests that we are required to order, and even your Suboxone treatment.

The charge for this service will be _____.

AGREEMENT:

“I have been notified by my physician that he or she believes that, in my case, Medicaid is likely to deny payment for the services identified above, for the reasons stated. If Medicaid denies payment for lack of necessity or any other grounds, I agree that I shall be personally and fully responsible for payment for all such services including any follow-up services that may be required to complete the treatment or to repair any damage or address any complication of the treatment.

_____ Date: _____
Covered Patient’s or Guardian’s Signature