Libby Hugo, RDN
NUTRITION COUNSELING

1110 W. Ironwood Dr.
Coeur d'Alene, ID 83814
Phone: (208) 640-4502
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Email: nutrition@libbyhugo-rdn.com

Patient Name: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If your insurance carrier doesn't pay for **A.** **Service** below, you may have to pay. Your insurance carrier does not pay for everything, even some care that you or your health care provider have good reason to think you need. Your insurance carrier may not pay for the **A.** **Service** below.

A. Service	B. Reason Your Insurance Carrier May Not Pay:	C. Estimated Cost
Medical Nutrition Therapy	**Not all insurance plans have benefits to cover this service.**	**$42-$48 for each 15-minute session**

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.
- Sign below if you would like to receive the **A.** **Service** listed above.

I want the **A.** **Service** listed above. You may ask to be paid now, but I also want my insurance carrier billed for an official decision on payment. I understand that if my insurance carrier doesn't pay, I am responsible for payment. If my insurance carrier does pay, you will refund any payments I made to you, less co-pays or deductibles.

Signing below means that you have received and understand this notice.

Signature (patient or patient representative):	**Date:**