

Medicare Medical Necessity Waiver

Medicare pays only for these services that it determines to be 'reasonable and necessary' under Section 1862 (a) (1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under Medicare program standards, Medicare will deny payment for that service.

The services you will receive on and ALL office visits, preoperative testing, medical clearance, EKG, laboratory, after-care fees relating to services for said date will not be covered by Medicare. As your doctor, I believe that Medicare is likely to deny payment for the services for the following reasons: COSMETIC SERVICES. This means that you, the Medicare beneficiary, will be billed for the service(s).

Beneficiary Agreement: I have been notified by my physician that doctor believes that, in my case, Medicare is likely to deny payment for the service(s) identified above, for the reasons cited. If Medicare is billed and Medicare denies payment, I agree to be personally and fully responsible for paying for the service(s), as billed.

My signature below, indicates that I understand and agree to the above policy.

Signature _____

Date _____

Witness _____