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**ADVANCE BENEFICIARY NOTICE (ABN)**

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** It is a possibility that your health insurance may not cover the service provided for you today. All insurance companies have different guidelines that need to be met to cover charges.

The purpose of this form is to help you make an informed decision about whether you want to receive these services, knowing that you may be responsible for any charges not covered by your insurance.

**SERVICES THAT MAY NOT BE COVERED:**

1. **INITIAL CONSULT**

Body Composition Analyzer $50 (each visit)

Doctor’s Consult Fee $250

1. **Follow-Up Doctor’s visit**  $100
2. **6 Month Bundle ($100 Savings)**

Scale and Doctor’s Fee $800

1. **EKG** $60
2. **Supplements** Prices Vary
3. **Vitamin b12 Injection** $25

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Date Signature