

ORGANIZATION POLICY

POLICY TITLE: ADVANCE BENEFICIARY NOTICE (ABN)

POLICY NUMBER: 1221

POLICY:

It is the policy of Onslow Memorial Hospital that all Medicare non-covered procedures will be communicated to the patient in writing and prior to service using the most current CMS approved ABN forms. This policy ensures that OMH meets its financial obligation to its Medicare patients and The Centers for Medicare and Medicaid Services for non-covered patient care.


PROCEDURE:

1. A copy of the ABN showing the following information will be provided to the patient and an additional copy will be maintained in the providing department and a second copy with the admitting record:
 - Patient's name
 - Patient's Medicare Insurance Number
 - Date of Service
 - Service(s) ordered
 - Admitting diagnosis
 - Reason for denial
 - Patient's signature for acceptance or refusal of service(s)
 - Provider's name and address
2. All information will be listed in the appropriate spaces on the ABN. The estimated amount of the patient's financial responsibility will be included on the form at the patient's request.
3. The ordering physician will be notified in the event the patient refuses the non-covered service(s).

EFFECTIVE DATE: November 2004

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REVIEW DATE: October 2008

APPROVED BY: 

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