Xact Coding and Reimbursement (561) 878-2392

PRACTICE NAME

MEDICARE WAIVER OF LIABILITY FORM

Provider Name and Address:

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Patient Name

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Medicare Number

Medicare will only pay for 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 be otherwise covered, is "not reasonable and necessary" under Medicare program standards. Medicare will deny payment for that service. As your physician, I feel that the service listed below is in your best medical interest.

I have been notified by my physician that he/she believes that Medicare may not find the procedure(s) listed below medically necessary. If Medicare denies payment, **I agree to be personally responsible for payment.**

Date	Service	Reason	Charge	Signature

<u>REASONS</u>

1. Medicare may not pay for this lab test.
2. Medicare may not pay for this many visits or treatments.
3. Medicare may not pay for this service for this diagnosis/condition.
4. Medicare may not pay for this many services within this period of time.
5. Medicare may not pay for like services by more than one doctor of the same specialty.

<u>WAIVED TESTS</u> (Not limited to just these)

EKG (93000-93010)
Chest x-ray (71020-71035)
Vitamin B-12
Stress Test (93015-93018)
Hepatitis B (90746)
Holter Monitor (93224-93237)
Diagnostic Sigmoidoscopy (45330-45339)
Spirometry (94010-94375)
Pulse Oximetry (94760-94761)
Lab Tests (80000-89999)
Arthrocentesis (20600-20610)
Trigger Point Injection (20550)
Stool Occult,Diag (82270)

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