NOTICE OF MEDICARE NON-COVERAGE

Date: _____ Time: _____

Patient: _____ ID#: _____

The Effective Date Coverage of Your Current _____

_____ Services Will End: _____(Date)

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current _____ services after the effective date indicated above.
- You may have to pay for any services you receive after above date.

YOUR RIGHT TO APPEAL THIS DECISION

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
  o Neither Medicare nor your plan will pay for these services after that date.
- If you stop services on the effective date indicated above, you will avoid financial liability.

HOW TO ASK FOR AN IMMEDIATE APPEAL

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO _____ at: _____ to appeal, or if you have questions.

See page 2 of this notice for more information.

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IF YOU MISS THE DEADLINE TO REQUEST AN IMMEDIATE APPEAL, YOU MAY HAVE OTHER APPEAL RIGHTS:

- If you have Original Medicare: Call the QIO listed on page 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.

Plan contact information

_____

_____

_____

ADDITIONAL INFORMATION (OPTIONAL)

Please sign below to ind[illegible] you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

_____ _____

Signature of Patient or Authorized Representative | Date

Form CMS 10123-NOMNC (Approved 12/31/2011) OMB approval 0938-0953

According to the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to distribute this information collection is 60-90 minutes per notice, including the time to select the preprinted form, gather the needed information, complete the form, and deliver it to the enrollee. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to MS, PRA Clearance Officer, 750 Security Boulevard, Maryland 21244-1850.