

WCR Brace Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If your insurance company does not pay for the items or services below, you may have to pay.

Your insurance company does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect your insurance company may not pay for the items or services below.

D. WCR Brace Billing Codes	E. Reason Your Insurance May Not Pay:	F. Estimated Cost
L1300, L1210, L1220, L1240, L1250, L1260, L1270, L1290, L0999	The Wood Cheneau Rigo Brace may be considered experimental, not medically necessary or an upgrade of a standard TLSO by some insurance plans. Therefore, they will only pay for the lowest cost brace option or possibly deny the brace in full.	\$5,300

The minimum reimbursement for the WCR brace is \$5,300 total. If your insurance does not cover up to this amount, you are responsible for the difference.

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.

I want the items or services listed above. You may ask to be paid now, but I also want my insurance company billed for an official decision on payment. I understand that if my insurance company doesn't pay or does not cover at least \$5,300, I am responsible for payment up to \$5,300 (WCR price) but I can appeal to my insurance company. If my insurance company does pay, Align Clinic will refund any remaining amount I paid after the \$5,300 balance has been satisfied.

This notice gives our opinion, not an official insurance company decision. Signing below means that you have received and understand this notice. You may also receive a copy upon request.

Patient Name (Last, First, MI)	Insurance ID	Patient DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>
Device Type Wood Cheneau Rigo Brace		

Signature

Printed name

Date

Relationship to patient

