

Rehabilitation Physicians of Georgia, P.C. (RPG)
5775-B Glenridge Drive
Suite 145
Sandy Springs, GA 30328
404-659-5909

Medicaid Advance Beneficiary Notice of Non-Coverage (ABN)

Medicaid/Medicaid Advantage Plans do not pay for everything, even some care that your health care provider has good reason to think you need.

If your Medicaid/Medicaid Advantage Plan does not pay, you may have to pay.

You are responsible for making certain that RPG receives the following from Medicaid or your Medicaid Advantage Plan (if applicable). As a courtesy RPG staff may help you with this process, but it is your responsibility to be certain the following have been obtained:

- A proper referral number if necessary prior to your visit.
- Any prior authorization for treatment and/or tests ordered by your health care provider including but not limited to labs, drug screens, MRI, CT, X-Ray, EMG/NCS, Trigger Point Injections, Epidural Steroid Injections, PT.
- Ensuring that you have not exceeded the authorized number of visits included in your benefits.

If you have exceeded the number of authorized visits and have not informed RPG and you receive services from RPG, you are responsible for payment in full for the visit(s) exceeding the authorized visits.

Should you have any questions about the cost of any services that we expect will not be paid for by Medicaid/Medicaid Advantage please request a copy of our charge sheet from our business office (404-659-5909) and one will be provided for you. If RPG provides services allowed by Medicaid that are not paid for by your Medicaid/Medicaid Advantage Plan, you are personally responsible for payment.

By signing below you attest that this policy has been explained to you, that you have read and understand your personal responsibilities, that you have had adequate time to review the policy, and that all questions pertaining to the policy have been answered. Further, you attest that you have been provided with a copy of this form. The original will be filed in your medical record.

Signature of Patient (or Representative): _____

Print Name: _____

Date: _____

NOTE: This notice gives our opinion, not an official Medicaid decision. If you have questions about Medicaid call 866-211-0950 or contact your Medicaid Advantage Plan.