



OBGYNASSOCIATES

OB-GYN Associates P.C.
45 East 85th Street, New York, NY 10028

MEDICARE WAIVER OF LIABILITY FORM

Patient Name: \_\_\_\_\_

Medicare#: \_\_\_\_\_

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 otherwise be 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 medical interest. I believe that, in your case, Medicare is likely to deny payment for this service for the reason stated below.

\_\_\_\_\_
\_\_\_\_\_

I have been notified by my physician that he believes that, in my case, Medicare is likely to deny payment for the service identified below for the reason(s) stated. If Medicare denies payment, I agree to be personally and fully responsible for payment

Table header row: Date, Service & Code, Reason, Charge Amount, Patient Signature

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Reason for Denial:

- 1. Medicare does not usually pay for this many visits or treatments.
2. Medicare will usually deny this code as "not a covered service".
3. Medicare usually does not pay for this injection.
4. Medicare usually does not pay for this many injections.
5. Medicare usually does not pay for this office visit unless it was needed because of an emergency.
6. Medicare usually does not pay for more than one visit per day.
7. Medicare usually does not pay for such an extensive procedure.
8. Medicare usually does not pay for this equipment.
9. Medicare usually does not pay for this lab test.
10. Medicare usually does not pay for like services by more than one doctor during the same time period.
11. Medicare usually does not pay for this many services within this period of time.
12. Medicare usually does not pay for like services by more than one doctor of the same or similar specialty.
13. Medicare usually pays for only one rest home visit per month.