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_____ A. I do want my bill submitted to the intermediary for a Medicare decision. You will be informed when the bill is submitted.

If you do not receive a formal Notice of Medicare Determination within 30 days of this request you should contact: _____.

_____ B. I do not want my bill submitted to the intermediary for a Medicare decision.

I understand that I do not have Medicare appeal rights if no bill is submitted.

NOTE: Beginning on October 1, 1989, you are not required to pay for services which could be covered by Medicare until a Medicare decision has been made.

VERIFICATION OF RECEIPT OF NOTICE

C. This acknowledges that I received this notice of non-coverage of services under Medicare on _____.

(Signature of Beneficiary or Person acting on Beneficiary's behalf)

D. This is to confirm that you were advised of the non-coverage of the services under Medicare by telephone on _____.

Name of Beneficiary or Representative contacted.

Signature of Administrative Officer