Summit Eye Consultants

Jacqueline Wong, MD
945 Hildebrand Lane, Suite 235
Bainbridge, WA 98110
Phone: (206) 201-3669
Fax: (206) 451-4890

Advance Beneficiary Notice of Noncoverage (ABN)

Some insurance companies do not pay for everything, even some care that you or your health care provider have good reason to think you need. Insurances only pay for covered items and services when their rules are met. The fact that your insurance may not pay for a particular item or service does not mean that you should not receive it. There are clinical reasons Jaqueline W. Wong, M.D. is recommending this procedure because of your condition.

The purpose of this form is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself. Ask us to explain if you don't understand why your insurance may not pay and for the estimated cost of your procedure.

Having read this form and talked with the physician(s) or staff, my signature below acknowledges that: I want to receive the procedure Jaqueline W. Wong, M.D. is recommending for my condition. I understand that my insurance will not decide whether to pay unless I receive this procedure. I understand that I may be billed for the procedure and that I may have to pay the bill while my insurance is making its decision. If my insurance does pay, I will be refunded the payments I made that are due to me. If my insurance denies payment, I agree to be personally responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I am responsible for the payment of the procedure I receive if the procedure is determined not to be reasonable and medically necessary for my care by my insurance.

This notice gives our opinion, not an official insurance decision. If you have any questions on this notice, please contact your insurance. Signing below means that you have received and understood this notice.

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to your insurance, your health information on this form may be shared

Summit Eye Consultants

Jacqueline Wong, MD
945 Hildebrand Lane, Suite 235
Bainbridge, WA 98110
Phone: (206) 201-3669
Fax: (206) 451-4890

with your insurance. Your health information which your insurance sees will be kept confidential by your insurance.

Patient Signature:_____ Date:_____

Parent/Guardian Signature:_____