

# **Medicare Waiver of Liability Advance Beneficiary Notice**

This includes all services in our office throughout your treatment plan

**Dr. Steven P. Kraskow, DC, PA**  
5205 E. Kellogg, Wichita, KS 67218  
3425 W. Central, Wichita, KS 67203

## **PROVIDER NOTICE**

“Medicare will only pay for services that they determine to be ‘reasonable and necessary’ under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service is not ‘reasonable and necessary’ under Medicare program standards, Medicare will deny payment for that service. I believe that in your case, Medicare is likely to deny payment.

## **BENEFICIARY AGREEMENT**

“I have been notified by my provider that he/she believes that in my case Medicare is likely to deny payment for services. If Medicare denies payment, I agree to be personally and fully responsible for payment.”

\_\_\_\_\_date\_\_\_\_\_

(Signature of Patient)