Advance Beneficiary Notice of Non-coverage (ABN) / Financial Wavier NOTE: If insurance does not pay for TRANSPORTATION LISTED below, you may have to pay. Insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect insurance may not pay for the TRANSPORTATION below.		
D. Transportation	E. Reason insurance may not pay:	F. Estimated Cost
Pick up:	not pay.	One way:
Drop off:		Round Trip:
 Ask us any questions that y Choose an option below ab Note: If you choose Option 1 or 2, we but insurance cannot require us 	• • •	eading. sportation listed in above. insurance that you might have,
□ OPTION 1. I want the TRANS also want my insurance billed for a Explanation on Benefits (EOB). It for payment, but I can appeal to m insurance does pay, you will refun □ OPTION 2. I want the TRANS You may ask to be paid now as I a insurance is not billed.	an official decision on payment understand that if my insurance by insurance by following the did any payments I made to you PORTATION listed above, but	which is sent to me on an doesn't pay, I am responsible rections on the EOB. If less co-pays or deductibles.
☐ OPTION 3. I do not want the TRANSPORTATION listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if insurance would pay.		
H. Additional Information: MEMBER RATE: BLS / ALS \$2 NON-MEMBER RATE: BLS \$6 ALS \$7 BLS / ALS WAIT TIMES \$50 P	300.00 + \$12.00 per mile 350.00 + \$12.00 per mile	
WHEELCHAIR VAN RATE: \$6	60.00 + \$3.00 per mile	
Signing below means that you have recopy.	eceived and understand this no	tice. You may request to receive a
I. Signature:	J. Date	: