

ADVANCE ORAL AND MAXILLOFACIAL SURGERY

Dr. Steven A. Saxe, D.M.D.

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TO OUR PATIENTS:

This office participates in Medicare, and we have agreed to accept Medicare approved charges. As a medicare beneficiary, you are responsible for a \$135 deductible plus 20% of the approved charge.

You should also realize that medicare may determine that a particular service, although it would otherwise be covered, is “not reasonable and necessary” under Medicare program standards. Medicare may thus deny payment for any of the following reasons:

1. The procedure is considered a dental procedure.
2. The procedure involves treatment of the teeth or gums.
3. The procedure involves treatment of the supporting tissue of the teeth or gums.
4. The procedure is not Medicare approved.

In order for us to treat you, please read the following statements and sign where indicated.

I have been notified by Dr Steven A. Saxe, D.M.D. that, in my case, Medicare is likely to deny payment for services provided for the reasons noted above. If Medicare denies payments, I agree to be personally and fully responsible for payment of all office charges for my care.

____/____/____

Date

Signature of Medicare Beneficiary