(A) Notifier (s): **James G. Scelfo, MD, PA DBA// Personalized Primary Care**

(B) Patient Name: *(C)* Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: **If Cigna Health Plans (PPO, HMO and POS) doesn't pay for (D) Ye***arly Membership Fee to Personalized Primary Care or the amenities listed on the first page of the PPC Membership Agreement* **below, you may have to pay.**

Cigna does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Cigna may not pay for the *(D) the yearly Membership Fee to Personalized Primary Care or the amenities listed on the first page of the PPC Membership Agreement* **below.**

(D)	***(E)* Reason Cigna Health Plans May Not Pay:**	***(F)* Estimated Cost:**
The yearly Membership Fee to Personalized Primary Care or the amenities listed on the first page of the PPC Membership Agreement	Is a non covered service not paid by any insurance company	Membership Fees Individual Membership $1,560.00 Couple Membership $2,600.00 Child <2 $520.00 Child>2 $260.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- **Ask us any questions that you may have after you finish reading.**
- **Choose an option below about whether to receive the** *(D)* **listed above.**

***(G)* OPTIONS:**	**Check only one box. We cannot choose a box for you.**

☐ **OPTION 1.** I want the ***(D)*** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed**.

☐ **OPTION 2.** I don't want the ***(D)*** listed above. I understand with this choice **I am** not **responsible for payment, and** I cannot appeal to see if Medicare would pay.

(H) Additional Information:

This notice gives our opinion, not an official Cigna decision. If you have other questions on this notice or Cigna billing, please call Cigna Health Plans.

Signing below means that you have received and understand this notice. You also receive a copy.

***(I)* Signature:**	***(J)* Date:**