



Account No. _____



AHM000007

200 American Road • Morris Plains, NJ 07950 • 800-287-0643 • Fax: 973-538-2703

Patient's Name: _____ ID# _____

NOTICE OF POSSIBLE INSURANCE DENIAL

Your insurance company will only pay for services that they determine to be "Reasonable and Necessary." If your insurance company determines that a particular item, although it would otherwise be covered, is "Not Reasonable and Necessary" under the insurance company's standards, your insurance will deny payment for the item. I believe that, in your case, your insurance may deny payment for the item(s) listed for the following reasons (listed below):

Delivery Date	Procedure Code/Description	Estimated Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Insurance does not pay for this equipment unless you needed it when you bought it or rented it.
- Insurance usually does not pay for this quantity of supplies.
- Insurance does not pay for this equipment/supply for your condition.
- Unable to verify benefits prior to delivery.
- A precertification/authorization has not been obtained and is required.
- Other (please specify) _____

BENEFICIARY AGREEMENT

"I have been notified by my supplier that he or she believes that in my case, my insurance company may deny payment for the services identified above, for the reasons stated. If my insurance denies payment, I agree to be personally and fully responsible for payment."

(Patient's Signature – if signed by representative, print patient's name) (Date)

by:

(Signature of authorized representative) (Date)

(Authorized representative's full address)

(Relationship to patient) (Reason patient cannot sign)