

**Medicare Waiver of Liability  
Advanced Beneficiary Notice**

This includes all services in our office throughout your treatment plan.

**Chiro+Plus Kinesiology Clinic**  
5205 E. Kellogg Drive  
Wichita, KS 67218

**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)