



# Ute Pass Regional Ambulance District

P.O. Box 149 785 Red Feather Lane Woodland Park, Colorado 80866 Phone: (719) 697-2291 Fax: (719) 687-6410  
Customerservice@UPRAD.org

## NOTICE OF EXCLUSIONS FROM MEDICARE BENEFITS (NEMB)

**There are items and services for which Medicare will not pay.**

- Medicare does **not** pay for all of your health care costs. Medicare only pays for covered benefits. **Some items and services are not Medicare benefits and Medicare will not pay for them.**
- When you receive an item or service that is **not** a Medicare benefit, **you are responsible to pay for it**, personally or through any other insurance that you may have.

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself. **Before you make a decision, you should read this entire notice carefully.** Ask us to explain, if you don't understand why Medicare won't pay. Ask us how much these items or services will cost you (**Estimated Cost: \$\_\_\_\_\_**).

**Medicare will not pay for this ambulance transport:**

- 1. Because it does not meet the definition of any Medicare benefit.**
- 2. Because of the following exclusion \* from Medicare benefits:**

- \_\_\_ Medicare coverage excludes transports where other means of transport are not contraindicated
- \_\_\_ Medicare does not cover mileage beyond the closest appropriate facility
- \_\_\_ Non-transporting advanced life support services are not covered by Medicare
- \_\_\_ Medicare does not cover transports to certain excluded destinations (like doctor's offices)
- \_\_\_ Medicare will not pay for transports for the convenience of the family or the patient
- \_\_\_ Medicare will not pay for transports for the convenience of a specific physician
- \_\_\_ Medicare will not pay for wheelchair vans, chair cars or stretcher vans

**\* This is only a general summary of exclusions from Medicare benefits. It is not a legal document. The official Medicare program provisions are contained in relevant laws, regulations, and rulings.**

Patient Name: \_\_\_\_\_  
Print Name

Patient Signature: \_\_\_\_\_

Responsible Party for Patient: \_\_\_\_\_  
Print Name

Relationship to Patient: \_\_\_\_\_

Responsible Party for Patient: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_