



LINAE HEALTHSPAN INSTITUTE, INC.
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(760) 632-0100

NOTICE IN ADVANCE OF SERVICE TO PATIENT THAT SERVICE MAY NOT BE COVERED BY MEDICARE

Medicare will only pay for services that it determines to be “reasonable and necessary” under section 1862(a) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, 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 for all the blood/diagnostic tests ordered by physicians at the Linae Healthspan Institute, Inc., and the cost for the hormone replacement/balance therapy for the following reasons:

1. The tests and treatments are preventative.
2. The tests and treatments are “not reasonable and necessary” for maintaining health or the prevention of disease.

Linette F. Williamson, MD

Linette Williamson, MD

Beneficiary Agreement:

I _____ have been notified by Dr. Williamson and/or her associates that they believe, in my case, Medicare is likely to deny payment for the services identified above, for the reasons stated. If Medicare denies payment, I agree to be personally and fully responsible for payment.

Date: _____

Beneficiary Signature