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**MEDICARE
ADVANCE WAIVER OF LIABILITY**

Medicare will only pay for services that are determined to be "reasonable and necessary" under section 1862(a)(1) 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 _____ (specify the particular services) for the following reasons:

(Specify the reason(s) you believe these services will be denied by Medicare)

Beneficiary Agreement

"I have been notified by my psychologist that he or she believes that, 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.

Signed,
(Medicare Beneficiary)

Date