



## Advance Beneficiary Notice (ABN)

PLEASE READ – Notice regarding your insurance

Several diagnoses may require a cast application. Our physicians typically apply a water proof cast liner made by AquaCast.

The purpose of this notice is to help you make an informed decision about whether or not you want to receive this item, knowing that you may have to pay for it yourself. Your insurance company may refuse to pay for this item if it is not covered by your plan. If this happens the cost of the supply would be your responsibility. Our charge for the water proof cast liner is **\$30.00 PER ROLL**; however we will collect **\$15.00 PER ROLL** for any portion not covered by your plan. Depending on the size of your child and the injured body part, the number of rolls can vary.

AquaCast is a waterproof, breathable, washable cast padding that is used in place of cotton and stockinette underneath the fiberglass cast. Unlike standard cotton padding that is absorbent and must remain dry, AquaCast accommodates moisture and wetness from perspiration, bathing or swimming. When a water proof cast becomes wet, the moisture evaporates through tiny pores in the padding. This promotes a much faster drying period enabling daily wetting or washing of the skin beneath the cast.

Because of the faster drying characteristics of AquaCast, there is less skin breakdown from retained moisture, resulting in fewer unscheduled cast changes (and incurring more out of pocket for the parent per the insurance benefits for a new cast). Patients are even encouraged to rinse their casts daily to reduce odor when itching. Patients can resume a more normal lifestyle while healing. The child will be able to swim, shower and get the cast wet in a bath.

We will bill your insurance company for the AquaCast liner. However, it is up to the insurance company and your benefits whether they approve and pay for this water proof cast liner. If a denial is received, you will receive a bill from us. If we are contracted with your insurance plan, than we will collect the allowed amount from you.

**\*\* Medicaid, Medipass, and Aetna patients should be aware that your insurance company will only cover 1 roll of AquaCast. If the amount of AquaCast applied exceeds one roll, you will be responsible for payment at the time of service\*\***

I WANT THE AQUACAST WATERPROOF CAST LINING AND UNDERSTAND THAT I MAY BE BILLED FOR THIS IF MY INSURANCE DENIES IT. **By checking this box and signing below you understand that this form is valid from the date of signature and throughout the duration of treatment for all cast applications.**

I DO NOT WANT THE WATER PROOF CAST LINING AND UNDERSTAND THE CAST MUST BE KEPT DRY.

Child's name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_