

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Notice of Medicare Non-Coverage for Cosmetic Procedure

Dear [Patient Name],

This letter is to inform you that the following procedure(s) scheduled for [Date of Service] are not covered by Medicare:

Procedure Name: [Enter Procedure Name, e.g., Blepharoplasty/Chemical Peel]

Estimated Cost: \$[0.00]

Medicare defines "cosmetic surgery" as any surgical procedure directed at improving appearance and which does not meaningfully promote the proper function of the body or prevent or treat illness or disease. Under Section 1862(a)(10) of the Social Security Act, Medicare is prohibited from paying for cosmetic surgery.

Based on our clinical evaluation, the requested procedure is being performed for aesthetic purposes rather than to correct a functional impairment or a malformation caused by injury or disease. Therefore, Medicare will not provide reimbursement for this service.

By signing below, you acknowledge that you have been notified of this non-coverage and agree to be personally and fully responsible for the total cost of the procedure.

Patient Acknowledgment:

I understand that Medicare will not pay for the procedure(s) listed above. I agree to pay the full amount out-of-pocket.

Patient/Guardian Signature

Date

Sincerely,

[Provider/Clinic Name]

[Contact Information]