



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605.773.3495
FAX: 605.773.5246
WEB: dss.sd.gov

Advance Recipient Notice of Non-Coverage

Recipient Name: _____ Recipient ID Number: _____

Non-Covered Service or Item: _____

Reason Medicaid May Not Pay: _____

Cost to Recipient: \$ _____

Medicaid pays for most medically necessary services. However, some services may not be covered. You are responsible for paying for noncovered services. For a list of covered services please review the Medicaid handbook¹.

Medicaid payment is considered payment in full for a Medicaid provider. A Medicaid provider cannot bill any remaining balance of a covered service to you, your family, friends, or anyone else or otherwise request payment in excess of the Medicaid reimbursement rate. Providers can only bill you for cost-sharing charges allowable under Medicaid and for noncovered services. Your provider expects this service or item may be noncovered by Medicaid.

What you need to do:

- Read this notice and make an informed decision.
- Ask the provider any questions that you may have.
- Choose an option below.

Option 1: I want the service or item listed above. I understand that if Medicaid does not pay, I am responsible for payment. If Medicaid does cover the service and the provider required payment in advance, all payments made by the recipient to the provider are required to be refunded less any cost-sharing.

Option 2: I do not want the service or product listed above.

This notice of non-coverage is based on your provider's opinion and is not an official Medicaid coverage determination. If you have questions regarding this notice or Medicaid coverage, call 1-605-773-3495.

Signing below means you have received this notice, understand it, and agree to the chosen option.

Signature

Date

¹ <https://dss.sd.gov/medicaid/recipients/>