

Medicare: Non-participating providers

This is taken from the Medicare website.

Non-participating providers can charge up to 15% more than Medicare's approved amount for the cost of services you receive (known as the limiting charge). This means you are responsible for up to 35% (20% coinsurance + 15% limiting charge) of Medicare's approved amount for covered services. ABN in place as well.

1. **Non-participating providers** accept Medicare but do not agree to take assignment in all cases (they may on a case-by-case basis). This means that while non-participating providers have signed up to accept Medicare insurance, they do not accept Medicare's approved amount for health care services as full payment.
 - Non-participating providers can charge up to 15% more than Medicare's approved amount for the cost of services you receive (known as the limiting charge). This means you are responsible for up to 35% (20% coinsurance + 15% limiting charge) of Medicare's approved amount for covered services.
 - Some states may restrict the limiting charge when you see non-participating providers. For example, New York State's limiting charge is set at 5%, instead of 15%, for most services. For more information, contact your [State Health Insurance Assistance Program \(SHIP\)](#).
 - If you pay the full cost of your care up front, your provider should still submit a bill to Medicare. Afterward, you should receive from Medicare a [Medicare Summary Notice \(MSN\)](#) and reimbursement for 80% of the Medicare-approved amount.
 - The limiting charge rules do not apply to [durable medical equipment \(DME\) suppliers](#). Be sure to learn about the different rules that apply when receiving services from a DME supplier.