

Notice to Medicare Patients

Medicare's Coverage

Medicare will cover only those services deemed medically necessary and ordered by a physician. Medical necessity is determined by the referring physician and physical therapist. Medicare's 2010 benefits include a \$155 deductible and then cover 80% of allowable charges once the deductible is met. The remainder will be your responsibility. If you have a secondary insurance the 20% coinsurance will be billed to them. Your benefits with the secondary insurance will determine if you incur any charges. Medicare is capped at \$1860 for the calendar year of 2010 for physical and speech therapy combined. There are "exceptions" to this cap, which are listed by Medicare, that will allow coverage beyond the \$1860 cap.

A. Have you had physical therapy and/or speech therapy previously this year? (check one)
 Yes No

B. Are you now or have you recently received home health care? (check one)
 Yes No

Medicare will not pay for outpatient physical therapy while you are receiving Home Health Care. If you have received home health recently, are you formally discharged from their care? (check one)

Yes No

We will send a Plan of Care to your referring physician after the initial evaluation and at least every 30 days after. The plan of care consists of treatment plan and frequency and duration. Treatment is based on initial evaluation findings and your diagnosis. Medicare will cover only treatment that is intended to improve functional ability.

Your physician may require you to return to their office before they allow more treatment.

I have read and understand all of the above information pertaining to my Medicare benefits for physical therapy.

Signature _____

Date _____