

MEDICARE PATIENT NOTIFICATION

To our Medicare Patients:

- Please be advised that Medicare requires that you have a prescription from a Doctor to receive services and that we provide to your Doctor a “Plan of Care” which your Doctor is required to certify within 30 days of the date of the original prescription (not the date of your initial physical therapy visit). If your treatments extend beyond 30 days, we are required to have the plan reviewed and re-certified by your Doctor every 30 days thereafter.
- You should also be aware that the Federal Government recently approved a “cap” or limitation on Medicare outpatient physical therapy benefits. **Effective January 1, 2015, the maximum that Medicare will pay for physical therapy is \$1940.00 per calendar year. This effectively translates into approximately 12-15 visit limit.**
- Remember that Medicare has an annual deductible of \$124.00 and that you will still be liable for the 20 percent of approved charges per Medicare rules. This “cap” also includes the costs of any speech therapy during the same period.
(please inform your therapist if you have received speech therapy in 2015).
A separate “cap” of \$1940.00 is being applied for occupational therapy benefits.
- **If you wish for your treatments to exceed the \$1940.00 “cap”, you may be held responsible for any amount that Medicare does not pay.** Secondary insurance will typically not pay for services beyond those approved for Medicare. Please check with your secondary insurance carrier to see whether they will cover visits beyond the Medicare “cap”. If your secondary insurance will not cover costs of visits, you will be asked to pay the amount your insurance company says is your responsibility at the time of your visit. This amount will be based upon our usual and customary visits charge (typically... per visit).
- **If you choose to continue treatment beyond the Medicare limit, we will be happy to review your account and go over financial options for your further treatment.**

I have read and understand the above statements regarding my Medicare physical therapy benefits. I am responsible for all treatment changes beyond the Medicare “cap”, whether or not they are covered by insurance, unless prior arrangements have been made with Physical Therapy Center of Tustin, Inc.

Patient or Responsible Party

Date

Print Name

Therapist Initials

We appreciate your understanding of this Medicare initiated change. Please feel free to ask us any questions or concerns you have regarding this matter.