

Advanced Care Physical Therapy

MEDICARE FINANCIAL POLICY

Thank you for choosing Advanced Care Physical Therapy as your provider. The following is a statement of our Medicare Financial Policy:

Our policy is to bill Medicare and provide estimated benefits to you. Information obtained by Medicare and your secondary insurance company may not reflect exact coverage amounts nor does it guarantee payment. This does not release you from your obligation for any allowed balances. Your insurance policy is a contract between you and the insurance carrier. Please contact Medicare and your secondary insurance carrier for benefit information.

The following is a Medicare Update: Please read and sign:

There have been some changes in Medicare benefits for outpatient physical therapy. Coverage for Medicare patients has a yearly limit of \$1,740. Medicare covers 80% of the allowed amount. You or your secondary insurance will have a responsibility of the remaining 20%. As of March 13, 2006, Medicare has extended physical therapy benefits past the \$1,740 on an individual basis. This is called an exception and it is determined on a medically necessary individual basis. Your therapist will make this decision based on your treatment, prognosis and medical history. The billing department will determine if this is acceptable and will notify you if this is a covered benefit.

I, _____, understand and agree with the financial policy. I agree to pay for all balances which is allowed and unpaid by my insurance carrier.

(Patient Signature)

(Date)

(Witness Signature)

(Date)