

THERAPEUTIC SOLUTIONS PHYSICAL THERAPY

1757 Merrick Avenue, Suite 100
North Merrick, N.Y. 11566
Ph: (516) 623-4388 Fax: (516) 623-1948

ABOUT YOUR MEDICARE BENEFITS:

The following are some important facts that you should be aware of regarding your Medicare Benefits for Physical Therapy:

1. This office is a participating provider for Medicare.
2. Medicare requires their beneficiaries to satisfy a **\$147.00** deductible for the year 2015 before they will start paying out benefits. The 2015 Medicare Physical Therapy cap is **\$1940.00**.
3. After your deductible is satisfied, Medicare will reimburse 80% of the Medicare approved fee. An exclusion to this would be a charge for a service that is not covered by your Medicare plan. In such a case, Medicare states that the patient is responsible for the actual charge billed by the provider.
4. In-office outpatient Physical therapy benefits are limited to 80% of Medicare's fee schedule.
5. Please inform our staff if you have received any outpatient physical therapy services from another provider at any time throughout this calendar year.
 - Have you been recently hospitalized? **Y / N**
 - Have you received any form of home care? **Y / N**
 - If so please specify dates _____
6. If the therapist feels that your treatment may not be covered by Medicare due to medical necessity, and you wish to continue to be treated in our office, you will be asked to fill out a waiver of liability thereby accepting payment responsibility. Payment for such services would be expected at the time of service unless prior arrangements have been made with our office.
7. After meeting the yearly deductible, the beneficiary (patient) is responsible for their co payment of 20% co- insurance at the time of service unless other arrangements have been made at our office.
8. To continue Physical Therapy past 30 days, Medicare requires that you provide our office with an updated prescription from your referring physician within 30 days of your last dated prescription to determine medical necessity for continued care. We will make every effort to remind you when a new prescription is due.

Understanding your Medical benefits can be difficult, and we will make every effort to assist you when needed. If you need any further explanation of your benefits or our office policy, please feel free to speak to our office staff.

I have read the information listed above, and understand my responsibility.

Signature of beneficiary

Date