



Medicare Financial Responsibility Disclosure

Dear Medicare Patient:

Thank you for choosing our facility for your therapy needs. As a Medicare provider, we are required to inform you about your responsibilities as a Medicare beneficiary. Please read and sign this notice. If you have any questions, please contact one of our staff.

Patient Financial Responsibilities

You are responsible for an annual deductible. (Medicare will only pay for services after expenses exceed your deductible).

Medicare will pay 80% of the allowable charges. You are responsible for the remaining 20%. If you have secondary insurance coverage and provide us with that information, we will bill your secondary insurance as a courtesy to you. If you do not have secondary coverage or your secondary coverage fails to pay for your services, you are responsible for the payment of the 20%.

If Medicare denies charges because you have other insurance that is considered your primary insurance, you will be responsible for all incurred charges. It is your responsibility to inform First Choice Physical Therapy of any other insurance coverage that you may have.

We look forward to having you as our patient. Thank you for choosing our facility for your therapy needs.

Date

Signature of Patient or Guardian

Notice: “Medicare will only pay for services that it determines to be ‘reasonable and necessary’ under section 1862(a)(1) of the Medicare law”. If Medicare determines that a particular service, although it would otherwise be covered, is ‘not reasonable and necessary’ under Medicare program standards, Medicare will deny payment for that service. We believe that, in your case, Medicare is likely to deny payment for the following services for the following reasons:

Date and Description of Service

Reason Medicare is Denying Payment

Date

Provider

Beneficiary agreement: “I have been notified by my Provider that, in my case, Medicare is likely to deny payment for the services identified above, for the reasons stated. If Medicare denies payment, I agree to be personally and fully responsible for payment.”

Date

Signature of Patient or Guardian

Medicare Additional Benefits Questionnaire

Medicare is not the Primary Payer in all cases. Please assist us in determining if Medicare is the Primary or Secondary Payer in your case by reviewing and checking off any of the items below that may apply to your case.

Do you have coverage under any of the following:

- Black Lung Benefits
- Veterans Administration (VA)
- Workers' Compensation
- Automobile Accident, No Fault or Other Liability Insurance
- Employer Group Health Plan (EGHP)
- End Stage Renal Disease Benefits (ESRD)
- Disabled and covered by a Large Group Health Plan (LGHP)

If you checked any of the items listed above, Medicare may be the Secondary Payer in your case. One of our office staff will provide you with another questionnaire to complete to ensure that we determine whether Medicare is the Primary or Secondary Payer in your case.

Medicare Part C (Medicare+Choice)

Please notify one of our office staff if your Medicare coverage is Medicare Part C coverage. Medicare Part C coverage is also known as Medicare+Choice and is purchased and administered through a Managed Care program. Medicare Part C beneficiaries pay premiums that typically provide them with more coverage than the "traditional Medicare programs" (Medicare Part A and B)

- I am covered under Medicare+Choice
- I am **NOT** covered under Medicare+Choice program.

Medicare Home Health Services

Effective October 1, 2000, Medicare has required that patients receiving certain Home Health Services must have outpatient therapy services consolidated with the Home Health Agency.

- I am receiving Home Health Services.
- I am **NOT** receiving Home Health Services.

Date

Signature of Patient or Guardian