MEDICARE PATIENT FORM

To make dealing with Medicare as simple as possible, we have established the following guidelines. Keep in mind that Medicare regulations change frequently and therefore, these guidelines may have to be updated.

1. We will file ALL Medicare claims.

2. We will file ALL Medicare secondary/supplemental insurance.

3. We are participating providers with Medicare, which means that Medicare pays us directly, however, Medicare patients must meet an annual \$131 deductible, which we are required to collect at the beginning of services for each calendar year. Supplemental coverage may pay the deductible but if no such coverage is available, the patient is responsible for the deductible.

4. Medicare pays for 80% of allowed charges. Supplemental coverage may pay the 20%, but if no coverage is available, the patient is responsible.

5. Medicare does not pay for maintenance care. This will be your responsibility.

6. Medicare does not pay for all of your health care costs. The fact that Medicare does not pay for a particular item or service does not mean that you should not receive it.

| Medicare Pays For: | Medicare Does Not Pay For: |
|--|----------------------------|
| Manual manipulation of spine | Examinations |
| IF SUPPORTED BY X-RAY AND/OR EXAMINATION | Physical Therapy |
| After the deductible is met | X-Rays |
| Depending upon the condition | Orthopedic Supplies |
| | Maintenance care |

If you have questions regarding these guidelines, please ask we are here to help you!!

I have read and understand the limitations of my Medicare coverage and agree to be personally responsible for the payment of non-covered services if I choose to receive those services.

Patient Signature or person acting on patient's behalf

Date

