

PHYSICAL THERAPY PROFESSIONALS, PC

MEDICARE BENEFICIARY NOTICE

Dear Medicare Patient:

Your coverage under Medicare allows 80% in the charges once a \$100.00 medical deductible has been met. We will bill a secondary insurance if you have one, but it is your responsibility to pay any balance left over.

In addition, Medicare has imposed a cap for maximum reimbursement of \$2040.00. We will bill a secondary insurance if you have one, however it is your responsibility to pay any balance left over if your treatment exceeds this cap.

Medicare does not cover iontophoresis or phonophoresis treatments; if this treatment is ordered by your doctor, payment will be your responsibility.

I have been informed of my Medicare benefits, and fully understand the above statement.

I CERTIFY THAT THE INFORMATION GIVEN ME IN APPLYING FOR PAYMENT UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT IS CORRECT. I AUTHORIZE ANY HOLDER OF MEDICAL INFORMATION ABOUT ME TO RELEASE TO THE SOCIAL SECURITY ADMINISTRATION OR ITS CARRIERS, ANY INFORMATION REQUIRED TO PROCESS MY MEDICARE CLAIMS. I REQUEST THAT PAYMENT UNDER THE MEDICAL INSURANCE PROGRAM BE MADE TO PHYSICAL THERAPY PROFESSIONALS, P.C. FOR SERVICES PROVIDED TO ME DURING THE YEAR OF _____.

HEALTH INSURANCE CLAIM NUMBER _____

MEDICARE BENEFICIARY SIGNATURE _____

DATE _____