Jeff Nicholl Physical Therapy & Sports Rehabilitation, Inc

Attention Medicare Patients:

Please read through the following information and initial to signify your understanding.

Jeff Nicholl Physical Therapy is an approved Medicare Facility. As an approved facility we will bill Medicare for you and Medicare will send your benefits to our facility. Also, you are responsible for any payments, such as deductible, co-payments or any other charges denied by Medicare. If you have a supplemental insurance with Medicare **please provide that information to our office**. With the supplemental, we will bill that carrier for you but not until we first receive the Medicare portion of your benefits. **Our office does not accept Medi-Cal or HMO policies.** Please let us know **prior to the start** of physical therapy if you do have Medi-Cal or a HMO policy for your supplemental plan. _____

For 2013, Medicare is applying an annual therapy cap of **$1,900** on outpatient physical therapy services. This amount allows you approximately 12 physical therapy visits per calendar year. **If you have been seen for physical therapy in 2013 in a different facility, please let us know.** Also, in order to exceed this amount it would need to be approved by your therapist and physician that therapy is medically necessary. After this, information will be sent to Medicare and put under review for approval. It is possible that Medicare **will not pay** beyond the allowed therapy cap. In this case, you will be held responsible for any remaining amount. Please understand that if your therapy is to go beyond the therapy cap of $1,900 it is solely up to your discretion whether or not you would like to continue. _____

*****If you have any questions or concerns regarding your insurance benefits and/or coverage and limitations, please contact Medicare directly. They will also be able to provide you with the amount you have remaining for your therapy cap. You may contact Medicare at (800) 633-4227.**

If you are to cancel any appointment **within 24 hours notice**, a cancellation fee of $35 will be applied. If you fail to show up to a scheduled appointment without notification to our office, a no-show fee of $50 will be applied. Please understand this amount is solely your responsibility and will not be billed to your insurance company. These amounts will be due and payable at the time of your next visit. _____

I hereby give lifetime authorization for payment or insurance benefits to be made directly to Jeff Nicholl Physical Therapy & Sports Rehabilitation for services rendered. I understand that I am financially responsible for all charges not paid by my insurance company. In the event of default, I agree to pay all costs of collection and reasonable attorney fees. I hereby authorize this health care provider to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement is as valid as the original. I authorize that my signature on this form constitutes assignment of benefits to this healthcare provider.

Signed: _____ Date: _____