

## MEDICARE AGREEMENT

Dear Patient,

We **do** accept assignment on Medicare patients. This does not mean that Medicare pays your bill in full. Medicare patients must pay their yearly deductible and are responsible for any portion that their secondary does not cover. We will bill the secondary insurance for you.

Effective January 2016, Medicare only allows \$1,96.00 per year for physical therapy treatment. There are some exceptions for certain diagnosis codes. Please check with our billing department to see if your diagnosis falls under the exceptions outlined by Medicare. Anything over this amount is the responsibility of you, the patient, if the secondary does not pick up the charges.

Your physical therapy cap will only apply to therapy services you receive in the following places:

- ♦ A doctor's private practice
- ♦ **An outpatient rehabilitation facility or rehabilitation agency**
- ♦ A comprehensive outpatient rehabilitation facility (CORF)
- ♦ A skilled nursing facility IF you are an outpatient.
- ♦ A skilled nursing facility IF you are a resident but Medicare is NOT paying for your stay.
- ♦ At your home if therapy services are provided by a home health agency and Medicare is NOT paying for your home health care.

If you have received skilled nursing services or Home Health care you **MUST** get a discharge from that facility or agency prior to your first appointment. \_\_\_\_\_Initials

If you choose to purchase medical supplies, please understand that these items are **not returnable**, and payment is expected at the time of purchase. \_\_\_\_\_Initials

It is always a good idea to check your Medicare summary notices, which will tell you how much of the cap you have used. If you have any concerns that your therapy benefits will end while you still need services, please contact our office. We will be happy to help you. \_\_\_\_\_Initials

If you have any additional questions, please ask one of our front office staff members or contact your Medicare carrier (that number is listed on the front of your Medicare Summary Notice) or call toll free: 1-800-MEDICARE

Sincerely,

*Sports Conditioning and Rehabilitation*

---

PLEASE READ AND SIGN THE FOLLOWING:

I understand that I have read the information regarding the Medicare rehabilitation services cap. Please submit my claim to Medicare. I understand that you may bill me for items or services not covered by Medicare and that I may have to pay the bill while Medicare is making its decision.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

**SPORTS CONDITIONING AND REHABILITATION**  
[www.scarpt.com](http://www.scarpt.com) [info@scarpt.com](mailto:info@scarpt.com)  
871 S. Tustin St. Orange, CA 92866 714-633-7227



# MEDICATIONS

Required for Medicare Patients Only

Please list ALL of your medications. This includes prescriptions, over-the-counter, herbals, vitamins, dietary supplements.

1. Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosages: \_\_\_\_\_ Frequency: \_\_\_\_\_

Route: Oral Injection Topical Other: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosages: \_\_\_\_\_ Frequency: \_\_\_\_\_

Route: Oral Injection Topical Other: \_\_\_\_\_

3. Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosages: \_\_\_\_\_ Frequency: \_\_\_\_\_

Route: Oral Injection Topical Other: \_\_\_\_\_

4. Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosages: \_\_\_\_\_ Frequency: \_\_\_\_\_

Route: Oral Injection Topical Other: \_\_\_\_\_

5. Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosages: \_\_\_\_\_ Frequency: \_\_\_\_\_

Route: Oral Injection Topical Other: \_\_\_\_\_

6. Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosages: \_\_\_\_\_ Frequency: \_\_\_\_\_

Route: Oral Injection Topical Other: \_\_\_\_\_

7. Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosages: \_\_\_\_\_ Frequency: \_\_\_\_\_

Route: Oral Injection Topical Other: \_\_\_\_\_