

## **ORTHOPEDIC & TMJ PHYSICAL THERAPY CENTER MEDICARE PAYMENT AGREEMENT**

Physical therapists contracted with Medicare are required to follow certain rules and regulations of the Medicare Administration, some of which are listed below:

- **If your physical therapy treatment continues beyond 90 days, Medicare requires that we get another signed Plan of Care from your referring physician to re-certify physical therapy care. We are unable to continue your treatment if these rules are not adhered to.**
  
- **If Medicare determines that a service is no longer covered, or is not reasonable and necessary under their program standards, they will deny payment for that service. If we think that this may apply to **your condition** and you still want to receive and pay for therapy, we will require your signature on an **ABN form** prior to treatment.**
  
- **Medicare allows \$1860.00/year for physical therapy and speech therapy combined. With medical necessity supported by detailed documentation, further treatment may be allowed.**

We bill Medicare weekly, but it can take two months or more for claims to be completely processed. The amount you or secondary insurance Medicare requires you to pay the provider appears on your Medicare statements. You are responsible for the \$135 Part B annual deductible and the 20% co-insurance.

We strive to provide the best of care in our clinic and will do our utmost to help you receive all benefits due you from Medicare, and if applicable, your secondary insurance.

I have read and fully understand my financial responsibility to pay my account.

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Signature

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Date