

Personalized Therapy, LLC

Occupational & Physical Therapy for Children & Adults

MEDICARE FINANCIAL RESPONSIBILITY DISCLOSURE

Thank you for choosing our facility for your therapy needs. As a Medicare Provider, we are required to inform you about your responsibilities as a Medicare Beneficiary. Please read and sign this notice. If you have any questions, please contact our Business Office at 301.862.2505.

Patient Financial Responsibilities

Effective January 1, 2011, you are responsible for an annual \$162.00 deductible. Medicare will only pay for services after expenses exceed \$162.00. Medicare limits how much it covers for medically-necessary outpatient physical therapy, speech-language pathology, and occupational therapy. The outpatient therapy limits for 2011 are \$1,870 for physical therapy and speech language pathology combined, \$1,870 for occupational therapy. After you pay your yearly deductible for Medicare Part B (Medical Insurance) Medicare pays its share (80%), and you pay your share (20%) of the therapy cost. Medicare will keep paying its share for therapy services until the total amount paid, including the deductible and coinsurance, reaches the therapy limit. You may qualify for an exception to the therapy limits (which would allow Medicare to pay for services after you reach the limits) if the services are medically necessary.

Secondary Insurance: If Medicare has an "automatic crossover" policy with your secondary insurance carrier, Medicare will forward the remainder to your secondary insurance. We still need a copy of your secondary insurance card for our records. If you do not have secondary coverage or your secondary coverage fails to pay for your services, you are responsible for the payment of the 20%.

IF MEDICARE DENIES CHARGES BECAUSE YOU HAVE OTHER INSURANCE THAT IS CONSIDERED YOUR PRIMARY INSURANCE, YOU WILL BE RESPONSIBLE FOR ALL INCURRED CHARGES. IT IS YOUR RESPONSIBILITY TO INFORM US OF ANY OTHER INSURANCE COVERAGE THAT YOU MAY HAVE.

Medicare Additional Benefits Questionnaire

Medicare is not the Primary in all cases. Please assist us in determining if Medicare is the Primary or Secondary payer in your case by reviewing and checking off any of the items below that may apply to your case.

Do you have coverage under any of the following?

- Black Lung Benefits
- Veterans Administration
- Workers Compensation
- Automobile Accident, No Fault or Other Liability Insurance
- Employer Group Health Plan (EGHIP)
- End Stage Renal Disease Benefits (ESRD)
- Disabled and covered by a Large Group Health Plan (LGHP)

If you checked any of the items listed above, Medicare may be the SECONDARY PAYOR in your case. One of our office staff will provide you with another questionnaire to complete to ensure that we properly determine whether Medicare is the Primary or Secondary Payer in your case.

Medicare Part C (Medicare Advantage or Medicare + Choice)

Please notify our staff if your Medicare coverage is Medicare Part C coverage. Medicare Part C Coverage is also known as Medicare + Choice and is purchased and administered through a private insurance company and includes HMO, PPO, PFFS, PSO, and MSA products. Medicare Part C beneficiaries pay premiums that typically provide them with more coverage than the "Traditional" Medicare Programs (Medicare Part A and B) at a lower cost. Failure to provide us with this information may result in non payment of your health claims.

- I am covered under a Medicare Advantage or Medicare + Choice Program
- I am not covered under a Medicare Advantage or Medicare + Choice Program

Signature

Date

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