

Backway's Physical Therapy

250 S. McCormick
Prescott, AZ 86303-4714
(928) 777-8050

2018 Medicare Coverage & Non-covered Services:

1. Medicare uses a calendar year maximum of **\$2010** for outpatient Physical Therapy (PT) combined with any Speech Therapy (SLP) treatment, when received through a private practice
2. **Although we do our best to only provide and bill for services that Medicare covers, Medicare does have the right to deny** coverage for any services you receive from any provider.
3. If Medicare denies coverage, or if your **\$2010 CAP** limit has been reached, your supplemental policy usually will **not** make payment on your account.
4. Many health insurances, including Medicare, do **not** pay for supplies, orthotics, heel lifts or some types of 'maintenance' services that are deemed "medically unnecessary."
5. Unbeknownst to Backway's PT, in some very rare cases, a portion or all of the services you receive may not be covered or may be considered "not reasonably necessary" by Medicare.
6. If you should meet your maximum of **\$2010**, or if Medicare and/or your supplement denies payment for **any** services, or portion thereof, while you are being treated at our office, then **you will be responsible** for the charges incurred for PT services at our clinic. You may receive additional services under Medicare at a hospital outpatient PT department.
7. **A statement of your current paid balance** can be obtained from our office at your request. If you have any questions concerning this policy, please do not hesitate to ask.

I have read and fully understand the contents of this policy. I recognize that Medicare and my supplemental insurance may not pay for all the treatments I receive. I know I am responsible for all services received, and I agree to pay for the services rendered to me which are not covered by Medicare and/or my Supplemental Insurance.

Signature _____ *Date* _____

Signature

Date

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Patient name: _____