

Backway's Physical Therapy
250 S. McCormick
Prescott, AZ 86303-4714
(928) 777-8050 • [fax (928) 443-9029]

To: All Medicare Patients
Subject: Medicare Policy (Medicare Waiver of Liability)

Medicare has implemented a calendar year maximum of **\$1880** for outpatient Physical & Speech Therapy received in a Private Practice setting, unless you qualify for an exception (please see "CAP" Memo). Medicare also has the right to deny coverage for any services you receive at our office. If Medicare denies coverage, or if the **\$1880** limit has been reached, your supplemental coverage, in most cases, will not make payment against your account.

Services that Medicare can deny as "not reasonable & necessary for the diagnosis" or due to "incomplete documentation" include, but are not limited to: evaluations, reevaluations, exercises, therapeutic techniques & procedures and therapeutic modalities. Medicare does not pay for any supplies, orthotics or lifts you receive here.

If you should meet your maximum of **\$1880**, 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 Physical & Speech Therapy services.

A statement of the 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 the treatments I am about to receive. I know I am responsible for all services received, and I agree to pay for any & all services rendered, no matter what Medicare deems reasonable, customary or necessary.**

Signature

Date

Please print your name here.

Signature

Date

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