



Medicare Registration Form

Patient Name: _____ Medicare ID Number: _____

Physical therapy services are not covered if you are currently enrolled in a Home Healthcare.

If you have not been discharged from Home Healthcare and proceed to outpatient physical therapy, Medicare will hold you responsible for the cost of the outpatient physical therapy services.

This form must be completed by all Medicare patients. Please read the following questions and answer accordingly.

1. Have you had any prior Physical/Occupational Therapy or Speech Pathology services in this calendar year?
Yes _____ No _____

If YES, what is the name of the facility where you received Physical/Occupational/Speech Therapy: _____ How many visits did you have? _____

2. Have you received Home Healthcare of any kind in the past 60 days (or more)? Yes ___ No ___

If YES, Name of Home Health Agency: _____
Phone: _____

Date(s) of service: _____

Discharge date: _____

Name of person/facility who discharged you? _____

By signing below you acknowledge that you have read and understand the above information.

Print Full Name: _____

Signature: _____ Date _____

Your 2016 Medicare Benefits



Medicare helps pay for medically necessary outpatient physical therapy, occupational therapy, and speech-language pathology services. There are limits on these services. These limits are called “therapy caps” or “therapy cap limits.”

The therapy cap limits for 2016 are \$1,960 for physical therapy (PT) and speech-language pathology (SLP) services combined, and \$1,960 for occupational therapy (OT) services.

COVERAGE FOR MEDICALLY NECESSARY TREATMENT

If you require services that are medically necessary beyond the cap amount, our clinic is obligated to continue treatment without interruption and provide proof in your medical record that the services we have provided are medically necessary. If Medicare disagrees with our findings and decides that any of our services are not medically necessary, there is no financial risk to you.

COVERAGE FOR TREATMENT NOT CONSIDERED MEDICALLY NECESSARY

If continued treatment is not medically necessary, we must discontinue treatment, or notify Medicare that we are continuing treatment that would be considered not medically necessary. We will notify you ahead of time if we feel that continued treatment is not medically necessary and explain your options.

MEDICARE AUDITS FOR SERVICES EXCEEDING \$3700

For medically necessary services exceeding \$3700 for PT and SLP combined, or \$3700 for OT, we may be required to submit your records to a Medicare contractor for a review, so they can confirm that the services are medically necessary. Again, there is no financial risk to you if Medicare denies payment because they disagree with our findings.

CONFIRMATION OF BENEFITS

We called Medicare today to confirm your benefits that have been paid earlier in the year against the therapy cap:

PT and Speech: \$

OT: \$

This template was provided courtesy of Clinicient, Inc. to help your therapist explain your Medicare benefits. This document is meant as summary information only and is based on our best understanding of Medicare requirements at the time it was written. There are no warranties, either expressed or implied, that the information is completely accurate. Please refer to Medicare as your source for complete and accurate information.