

ARTHRITIS & SPORTS

Orthopaedics • Physical Therapy • Wellness

ADVANCED BENEFICIARY NOTICE

NOTICE OF MEDICARE FINANCIAL LIMITATION(S)

Dear Sir or Madam:

Thank you for choosing Arthritis & Sports Physical Therapy. Our highly trained therapist will work to have you on the road to wellness as quickly as possible

Unfortunately, Congress has set an annual limit for Medicare's reimbursement of outpatient rehabilitation services. Effective January 1, 2014, each Medicare patient will have an annual limit of \$1940 for Physical Therapy services combined with Speech Therapy services, and an annual limit of \$1940 for Occupational Therapy services, regardless of his or her medical condition or need. For further information on these limitation(s), please contact your Medicare benefits division. There are some extensions that will be allowed but that must go through Medicare's medical review and is not a guarantee.

Any charges above these annual maximum limitations will become the patient's responsibility plus any amount that is not covered by your secondary insurance. We will review your benefits with you at your first visit. If there is no secondary insurance the patient will be responsible for the balance remaining after Medicare.

We will attempt to warn you as you approach the \$1940.00 limit(s). At this time we are asking you to sign this form that acknowledges we informed you of Medicare's annual limitation(s) and that you understand your financial responsibility for services received in excess of these limitation(s). Please be sure to inform us of any physical therapy or speech therapy you have received in the 2014 calendar year to be sure that it is considered toward your annual limit.

If you have any questions regarding this letter on your Medicare coverage, please do not hesitate to speak with our Physical Therapy Office Manager or Billing Manager.

Thank you.

I have been notified and understand the limitations of my benefits described above

Signature _____

Date _____