



Physical Therapy Solutions
Solutions for an ACTIVE life

NOTICE TO MEDICARE PATIENTS

Medicare mandates that a patient that has entered an in-home skilled nursing 60 day episode through Medicare Part A is not eligible to receive physical therapy, speech therapy, or occupational therapy through Medicare Part B until the in-home skilled nursing provider has terminated the episode and has received payment for that episode.

Therefore, it is very important that our office know when and if a Medicare patient has received in-home or skilled nursing within the last 60 days. This is necessary so that we may contact the in-home or skilled nursing provider to make sure that the episode is closed before physical therapy begins at our facility.

_____ I have not received in-home or skilled nursing care in the last 60 days.

_____ I have received in-home or skilled nursing care in the last 60 days.

Ending date of in-home or skilled care: _____

Provider of in-home or skilled care: _____

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A financial limitation (therapy cap) of \$2,080.00 is placed on outpatient rehabilitation services received by Medicare beneficiaries. You must notify receptionist if you have had any previous physical therapy at another facility during this current calendar year. Failure to do so may result in denial of payment by Medicare.

_____ **No**, I have not received physical therapy treatment during this current year.

_____ **Yes**, I have received physical therapy treatment during this current year.

If you have answered **yes** to the above question, please fill in information below regarding your treatment:

Treatment facility: _____

Treatment date(s): _____

Number of treatment(s): _____

Patient Signature

Date

Staff Signature

Date