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| **YOUR MEDICARE BENEFIT INFORMATION**  We accept Medicare assignment and are a participating provider of the Medicare program.   * **Medicare reimburses 80% of the allowable charges after you have met your**   **deductible of $\_\_\_\_\_\_\_ per calendar year**. Supplemental insurance does not cover your deductible in most cases.   * If you have a secondary or supplemental insurance, they will be billed for   the 20% not covered by Medicare.   * If you do not have a secondary or supplemental insurance then you will be personally responsible for payment of the 20% not covered by Medicare, as well as for your deductible. You will be billed for your responsibility. * Medicare has a cap on reimbursement for physical therapy and speech therapy combined**. THE MEDICARE CAP FOR \_\_\_\_\_\_\_\_\_ is $\_\_\_\_\_\_\_\_\_\_** reimbursed   for “allowable charges” per calendar year. **THIS IS EQUIVELENT TO $\_\_\_\_\_\_\_\_\_\_\_**  **IN MEDICARE PRIMARY PAYMENT.**   * There are exemptions made to the initial Medicare cap in instances of medical necessity Your therapist will decide if your case meets Medicare’s criteria for   continued treatment. **All Medicare patients who continue treatment beyond the initial Medicare cap must sign the ADVANCED BENEFICIARY NOTICE (ABN).**   * **THE FINAL MEDICARE CAP IS CURRENTLY $\_\_\_\_\_\_\_\_\_\_\_**      * If you will need treatment beyond what is allowed under the cap or treatment that   does not fall under Medicare guidelines for reimbursement, you may continue to  have treatment at SOS as a Cash Payment patient.   * Equipment and supplies are not covered by Medicare. We require that these items   be paid for at the time that they are received by the patient.    Please contact us at (510) 547-8293 if you have any questions concerning  Your billing or statements.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OF PATIENT DATE |