Typaldos Physical Therapy
Medicare Patients

Name of Patient _____ HIC # _____

Name of Secondary Insurer _____ Secondary Policy # _____

I request that payment of authorized Medicare benefits be made on my behalf to Typaldos Physical Therapy and Rehabilitation Center for any services furnished me by that provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

I request payment of authorized secondary benefits be made to this provider and also authorize any holder of medical information about me to release to the above named secondary insurer any information needed to determine benefits payable for services from this provider.

I consent to receiving treatment from Typaldos Physical Therapy and Rehabilitation Center per my doctor's orders for the following therapy: (circle at least one)

Physical Therapy Occupational Therapy Speech Language Pathology

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NOTICE OF EXCLUSIONS FROM MEDICARE BENEFITS

- Medicare does not pay for all of your health care costs. Medicare only pays for covered benefits. **Some items and services are not Medicare benefits and Medicare will not pay for them**.
- When you receive an item or service that is not a Medicare benefit, **you are responsible to pay for it**, personally or through any other insurance that you may have.

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself. **Before you make a decision, you should read this entire notice carefully**.
Ask us to explain, if you don't understand why Medicare won't pay.

Starting with services received on 1/1/16, coverage by Medicare is limited for outpatient physical therapy (PT), speech-language pathology (SLP), and occupational therapy (OT) services. For the period 1/1/16 through 12/31/16, the limits are $1960 for PT and SLP combined and $1960 for OT. These limits do not apply to therapies you receive at hospital outpatient departments.

☐ I agree to permit Typaldos Physical Therapy and their business associates to contact me, and all other responsible parties on my account, on our cell phone or other mobile devices concerning any and all aspects of my account. Initial in the box to the left if you agree.

You may discuss my medical condition/account/therapy appointments with the following:

_____ _____

_____ _____

Patient or guardian signature Date