MEDICARE PATIENTS

Medicare is tracking usage of any Therapies as of January 1, 2019. Therefore it is vital that you inform our clinic of any therapy that you have received in **any other facility** since January 1, 2019.

Have you had any therapy in **ANY OTHER FACILITY** since January 1, 2019?

Physical Therapy \_\_\_\_ Yes \_\_\_\_ No

Speech Therapy \_\_\_\_ Yes \_\_\_\_ No

Occupational Therapy \_\_\_\_ Yes \_\_\_\_ No

If so, how many visits? \_\_\_\_ What is the name of the facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have received treatment in another facility and do not inform our office in writing, you will be responsible for payment of any claims denied by Medicare.

In addition, your therapy must be completed within 8 weeks of you evaluation.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME HEALTH CARE

Medicare will not allow you to have any type of Home Health Care while you are receiving outpatient therapy. This means that you **CANNOT** have an aide, nurse, wound care, therapy, or any other service in your home, provided by an agency, **paid for by Medicare**, while you are having outpatient therapy.

If you begin receiving Home Health Care, **you must discontinue** therapy in our office.

Have you received any type of home health care in the last 6 months? \_\_\_ Yes \_\_\_ No

If yes, what is the name of the agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When were you discharged? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that if Medicare denies payment for my therapy treatments due to Home Health Care involvement, I will be responsible for payment.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_