

PERRYSBURG REHABILITATION MEDICARE DISCLOSURE NOTICE

Medicare provides reimbursement for physical therapy treatment when deemed medically necessary for the treatment of the illness or injury. The limit for this type of treatment is to be determined by Medicare. After a yearly deductible of \$110.00 is satisfied, Medicare reimburses approved charges at 80%. The 20% co-insurance will be billed to you or your secondary insurer.

Medicare required that patients receiving physical therapy at an out-patient clinic be seen by their physician at least every 30 days to review progress and update the treatment plan. If you expect your therapy to continue beyond 30 days, contact your doctor's office to schedule an appointment.

Please respond to the following questions:

- YES NO 1. Is this illness or injury related to an automobile accident?
 YES NO 2. Is this illness or injury related to a fall or other incident?
 YES NO 3. Is this illness or injury the result of a work related accident?

If you answered yes to any of the above 3 questions, please give details:

- YES NO 4. Are you employed?
 YES NO 5. Is your spouse employed?
 YES NO 6. Do you carry Part B Medicare coverage?

Date

Print Name

Signature