



MEDICARE PATIENT'S ONLY

1. Has someone other than your family assisted you in your home with services in the past 30 days?

Yes _____ No _____

2. Have you received any Home Therapy in the last 3 months? Yes _____ No _____

Name of Home Health Agency: _____ Date Last Seen: _____

3. Have you received ANY therapy in or out of the state of Florida? Yes _____ No _____

Name of Therapy Provider: _____ Date Last Seen: _____

If you answered "YES" to any of the questions above, you may not be eligible for outpatient therapy services as determined by Medicare's guideline because if you are currently receiving Home Health Care (whether it is in home therapy or nursing), Medicare WILL NOT cover your outpatient therapy here at Direct Physical Therapy. You will need to be discharged completely from all homecare services.

MEDICARE CONDITIONS OF ADMISSION

Medicare has implemented the "Therapy Cap." This cap states that Medicare will only allow \$2,010 a year for 2018 for outpatient Physical and Speech language pathology services combined. There are exemptions for certain diagnoses and our office can get approval allowing additional visits over the therapy cap. Exemptions do not apply in all cases and are based on the patient's diagnosis provided by the physician. We will do our best to respect the monetary cap, however we provide service based on patient need not insurance limitations. It is ultimately your responsibility to ensure that services being rendered are covered. If services are not covered or exceed the monetary therapy cap, then financial responsibility lies with you, the patient. I authorize the payment of medical benefits directly to Direct Physical Therapy for services rendered. I understand that I am financially responsible for charges not covered by this authorization, except where prohibited by law.

Printed Name _____ Date _____

Patient's Signature _____