

**ATTENTION: Absolute Rehab Therapy- MEDICARE PATIENTS**

**A. 2021 – NEW CALENDAR YEAR MEDICARE DEDUCTIBLE - \$203.00**

**B. Information Regarding Physical Therapy Cap**

As of January 1, 2021, the financial limitation for Physical Therapy will continue to be in effect. The new calendar year deductible will be \$203.00. This will be billed to you separately if we are the first medical office you will be seeing this year.

The annual Medicare allowable for 2021 is \$2110.00 which we estimate this will cover approximately 16 - 18 visits. Medicare will cover 80% and your supplemental insurance will be billed for the 20% remaining balance. If you have a deductible on your secondary insurance, you will be responsible for meeting this deductible prior to your insurance picking up the balance.

Medicare in effect has repealed the soft cap threshold of \$2110 with an extended threshold of \$3000. Medicare will continue to provide reimbursement for services past this threshold of care as long as it is medically warranted for you to achieve your rehab goals. At that point, we will require you to sign an ABN for continuation of care. Continuation past the allowed amount is dependent on medical necessity. Additional treatment can continue past this dollar amount providing goals are being met and you are improving. A progress report will be performed once a month or every 10 visits to see what continued care will be needed or whether you have met your maximum potential with skilled physical intervention.

If we do not perceive that you will make continued progress, but you would like to continue to come and see us, you will have to sign an ABN (Advanced Beneficiary Notice) indicating that you want to continue treatment but that you do not meet Medicare guidelines. We will not be billing Medicare and the fees billed on the treatment given will be your responsibility and payable at the time of treatment in accordance with the Medicare fee schedule.

**Therapy applies to all Part B outpatient therapy settings and providers including:**

- Private Practices
- Skilled Nursing Facilities
- Home Health Agencies
- Outpatient Rehabilitation Facilities
- Comprehensive Outpatient Rehabilitation Facilities.

**\*\*We will make every effort to track the allowed amount for you, however, we ask that you inform us prior to your first visit if you have already attended ANY Therapy in this calendar year.**

**I have read and understand the above information.** \_\_\_\_\_  
INITIAL

\_\_\_\_\_  
**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please advise us if you have had any therapy during the current calendar year:**

Yes \_\_\_\_\_ No \_\_\_\_\_ **\*\*Are you receiving Home Health** \_\_\_\_\_