



**Above and Beyond Physical Therapy Inc.**

**MEDICARE PATIENTS**

Outpatient physical therapy services are generally covered under Medicare Part B, provided the service is considered medically necessary to treat a disease or condition. **Under current Medicare regulations, it is illegal for a physical therapist to accept cash pay from Medicare patients for services that may be covered under Medicare, even if the services provided meet all treatment, documentation, and HIPAA requirements and have been prescribed by their physician.** Physical Therapist can only accept cash payments from a Medicare patient who "refuses, of his/her own free will, to authorize the submission of a bill to Medicare", or, a Medicare beneficiary may pay cash for services that are *no longer considered medically necessary*, for example a "maintenance" or "wellness" program. Either of these ways are the **ONLY** ways that our Physical Therapist can see any patient that has ANY kind of relationship with MEDICARE; Part A, Part B or as a supplemental to their insurance. Failure to comply with Medicare rules in every case, even with best intent, could result in a federal investigation, fines, or other legal action. The Medicare Benefit Policy Manual is available in full as a series of downloads at CMS.gov; outpatient physical therapy benefits are discussed in Chapter 15, which is currently 289 pages.

I understand that as a MEDICARE patient I am being seen by ABOVE & BEYOND PHYSICAL THERAPY:

(  ) I will be participating in **WELLNESS SESSIONS** only, and NOT being treated for a medical condition in which Physical Therapy is considered medically necessary.

(  ) That I REFUSE of my own free will, to authorize the submission of a bill for Physical Therapy by ABOVE and BEYOND PHYSICAL THERAPY Inc.

As a MEDICARE patient I will be paying ABOVE & BEYOND PHYSICAL THERAPY directly for these sessions and WILL NOT be seeking reimbursement from Medicare or my healthcare insurance for any session with the . I understand that ABOVE & BEYOND PHYSICAL THERAPY will not be submitting any claims to Medicare or any other Health Insurance Plans.

\_\_\_\_\_  
Patient Signature or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name