

Dear Medicare Beneficiary:

**Difficult News:** Medicare previously paid for all reasonable and necessary physical, occupational, and speech therapy. As of January 1, 2016, Medicare legislation placed an annual financial limit which is currently \$1960.00 per year. This limits your physical therapy visits to approximately 18 visits per year.

**Improved News:** Congress passed a law to permit exceptions to Medicare's Therapy Cap for over 90 conditions and other situations that may qualify for an exception. Medicare does not have to grant an exception. However, we will do everything we can to get an exception for you if we can justify it medically. After your first evaluation, your physical therapist will be able to determine your qualifications for an exception.

**Detailed Explanation of Coverage:** You will be responsible for your deductible and co-insurance of 20% unless you have secondary insurance. Please note, physical therapists do not set the fees paid by Medicare, but are paid accordingly to their fee guidelines and bound to comply with its billing guidelines. If you exceed the cap, and do not qualify for an exception, you will be responsible for paying out-of-pocket for the services provided. Some secondary insurance programs take over when Medicare coverage stops. You may be eligible for further treatment under your secondary insurance. You may also continue physical therapy at a hospital outpatient physical therapy department where the Medicare cap does not apply. You may also continue here at Garden Ridge Physical Therapy on an out-of-pocket payment plan with either credit card or cash. A discount may apply on the out-of-pocket payment plan. See your physical therapist for details.

**What you can do:** It is very important that you comply with Medicare's rules and regulations for coverage. You must be under a physician's and a licensed physical therapist's care, your physical therapy treatment must be recertified every 30 days by your physician, and you must show progress and that you are involved in your care by practicing the skills, exercises, and/or lifestyle changes recommended by your PT. You must be an active contributor in your health care improvement. Your physical therapist is your healthcare facilitator relying on your feedback to adjust your treatment program. Your health depends on you.

Warmest regards,  
Diana Schonhoff, PT, DPT

Please initial and sign below.

\_\_\_\_\_ I have received physical or occupational therapy this year  
If checked, list where and which dates. (Ex: Hospital based facility, home health, nursing home, rehab center, etc.)

\_\_\_\_\_ I have not received physical or occupational therapy this year.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date