



Medicare Patient Policy

Effective Date: 01/01/2026

Purpose

The purpose of this policy is to clearly define Bridge Family Practice's position regarding Medicare participation and to outline the procedures for identifying and managing patients who have Medicare coverage of any type. This policy ensures compliance with credentialing requirements, protects the practice from regulatory risk, and supports the delivery of care that is appropriate for each patient's age, needs, and insurance structure.

Policy Statement

Bridge Family Practice is **not credentialed with Medicare** and does **not participate** in any Medicare programs. As a result, the practice **cannot provide medical services to any patient who is enrolled in Medicare**, regardless of:

- Medicare Part type (A, B, C/Medicare Advantage, or any other Medicare-administered plan)
- Whether Medicare is listed as the primary or secondary insurance
- Whether the patient is actively using Medicare benefits or believes Medicare is inactive

This policy applies to all new and established patients without exception.

Rationale

Our office is not equipped to meet the administrative, billing, compliance, and regulatory requirements associated with Medicare participation. Additionally, this is an **office-determined** policy designed to protect the practice and ensure that all patients receive care that is best suited for their age, insurance structure, and clinical needs.

No insurance representative, external party, or third-party entity has the authority to alter, override, or exempt any patient from this policy. Bridge Family Practice is the **final decision-maker** regarding the patients we accept and continue to treat.

Identification of Medicare Coverage

A patient is considered ineligible for services at Bridge Family Practice if:

- Medicare appears on an eligibility check
- Medicare is listed as secondary coverage
- Medicare enrollment is active, pending, or retroactive, or
- An insurance carrier indicates that Medicare should have been billed as primary or secondary.

If Medicare is identified at any point—before or after an appointment—the patient becomes **ineligible for continued care** at our practice.

Transition of Care for Existing Patients

If an established patient becomes enrolled in Medicare during their care with us, Bridge Family Practice will:

- Provide up to **three (3) months of medication refills**
 - Subject to provider discretion,
 - Dependent on medication type
 - Dependent on how long it has been since the patient's last visit

This temporary accommodation is intended solely to allow the patient adequate time to establish care with a Medicare-credentialed provider.

No additional visits, follow-ups, or billable services may be scheduled or completed once Medicare enrollment is identified.

Patient Guidance

Patients who have Medicare—either alone or in combination with another insurance plan—must seek care with a provider who is credentialed with:

- Medicare, and
- Any additional insurance carrier they may have

Our staff may offer general guidance, but we cannot advise on Medicare plan selection, coverage rules, or provider networks.

Authority & Enforcement

This policy is strictly enforced. No staff member, insurance representative, or outside party may modify, waive, or override this policy under any circumstance.

Any questions regarding interpretation or enforcement of this policy must be directed to practice leadership.

Sincerely,

Bridge Family Practice Management & Care Team

Bridge Family Practice

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