



200 Providence Highway
Dedham, Massachusetts 02026

MEDICARE PATIENTS

Dear Valued Medicare Patient,

- Please be advised that Medicare will only cover services deemed “reasonable and necessary” by the Center for Medicare and Medicaid Services(CMS). CMS indicates “to be covered, services must be **skilled** therapy services. Services provided by professionals who do not meet the qualification standards are unskilled services. Unskilled services are palliative procedures that are **repetitive or reinforce previously learned skills, or maintain function after a maintenance program has been developed.**” In other words, your therapist is a trained, licensed professional who is responsible for determining whether therapy becomes maintenance in nature. Once therapy is determined to be maintenance in nature by your therapist, Medicare will no longer accept responsibility for payment, and you will be held responsible for balances of any continued treatment.
- Please be advised that effective **January 1, 2010**, Medicare imposed a financial limitation of **\$1,860.00** per calendar year for outpatient rehabilitation services(physical therapy and speech/language pathology combined). Should you have any questions regarding this matter, please feel free to contact Medicare’s customer service department and/or speak with your physical therapist.
- Please be advised that Medicare requires a new prescription once your existing one expires(Prescriptions with no frequency or duration default to 30 days). It is your responsibility to be sure you have a current prescription on file. If you do not have a current prescription on file, you will be responsible for any visit that does not fall within the Medicare guidelines.
- Please be advised that Medicare will not pay for outpatient physical therapy if you are receiving and home health services. Please understand that you will be responsible for any balance incurred because you have not disclosed to us that you are also receiving services at home.

Are you currently receiving home health services? YES _____ NO _____
(Inquire with a staff member if you are unsure as to what constitutes “home health services”)

Please sign below stating that you have read
And understood Medicare’s policies

Signature: _____ **Date:** _____