

Notice to All Medicare Patients

(Scroll down to page 2 for sample form.)



MEDICARE PATIENTS RECEIVING ANY HOME CARE OF ANY KIND HAVE NO PHYSICAL THERAPY BENEFITS AVAILABLE!

I AM RECEIVING HOME CARE AT THIS TIME: YES NO

Medicare has raised the Medicare Therapy Cap beginning January 1, 2012

Medicare Cap: \$1,880.00 (allowed—not billed—charges)

Medicare will pay 80% of the allowed charge, leaving the patient with a 20% co-insurance.

If provided the information, we will be happy to bill your secondary insurance for this 20%.

Whether your secondary insurance will pay this amount or not varies by what plan you have.

Please understand that your secondary insurance may apply this amount to an annual deductible or co-insurance, as well.

All charges submitted to Medicare will be processed as part of this cap, even if you have not met your annual deductible.

Please also be aware that this cap is NOT per each facility. This is an annual benefit.

Beginning November 10, 2010, there will be a \$20.00 charge billed directly to the patient for a no-show appointment. This charge will also apply to repetitive cancellations, as determined by D-MPT management.

We are a Medicare-certified facility

We will bill Medicare for payment of your bills, and we have agreed to accept Medicare assigned fees. Medicare will pay 80% of its assigned fee for our treatment, after you have met your deductible. If you have secondary/supplemental insurance, we will bill the remaining 20% to that company. If not, the balance will be your responsibility, and the same co-pay and deductible obligations apply as for private insurance.

By signing this document, you have read and understand the above information and you accept full responsibility for payment of all charges, regardless of third-party intervention and/or reimbursement.

Thank you for choosing Doeberling-Muccio Physical Therapy.

Name of Patient/Legal Guardian or Parent: *(Please print)* _____

Signature of Patient/Legal Guardian or Parent: _____ Date: _____

Please contact our Billing Department at 330-716-1655 if you have any questions.

 **Note: If you don't have a digital signature, you must sign the form in person before any treatment.**
To learn more about digital signature, [click here](#).

Select location to submit form	
Austintown	Kinsman
Niles	Warren

Interactive 12/10

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Thank you for choosing Doeberling-Muccio Physical Therapy.

Name of Patient/Legal Guardian or Parent: *(Please print)* Joe Doe

Signature of Patient/Legal Guardian or Parent: _____ Date: 11-05-10

Please contact our Billing Department at 330-716-1655 if you have any questions.

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