



903 Crenshaw Blvd, #301
Los Angeles, CA 90019
Tel (323) 939-0840
Fax (323) 939-0850

To Medicare Patients

Since 2005, Medicare regulation requires that patients receive a recertification with the referring physician every 30 days from the date of the initial referral to physical and/or occupational therapy, or Medicare may not be responsible for payment of physical and/or occupational therapy services.

We apologize for the inconvenience, but we must comply with the Medicare rules if you wish for Medicare to cover your physical and/or occupational therapy. You will be asked to sign a waiver that makes you responsible for your bill if you do not follow these Medicare guidelines.

If "other health insurance" is indicated in Item 9 of the HCFA-1500 form, or elsewhere on other approved claim forms or electronically submitted claims, your signature authorizes release of information to the insurer or agency shown. Co-insurance and the deductible are based upon the charge determination of the Medicare carrier.

By signing below, I acknowledge I have read the above statement and understand this rule. I also acknowledge that failure to comply with this rule may result in non-payment by Medicare.

Patient Print Name

Patient Signature

Date



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Notice of Exclusions from Medicare Benefits (NEMB)

There are items and services for which Medicare will not pay. Medicare does not pay for all of your health care costs. Medicare only pays for covered benefits. Some items and services are not Medicare benefits and Medicare will not pay for them. When you receive an item of service that is not a Medicare benefit, you are responsible to pay for it, personally or through any other insurance that you may have.

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items of services, knowing that you will have to pay for them yourself. Before you make a decision, you should read this entire notice carefully. *Ask us to explain if you don't understand why Medicare won't pay.*

Medicare will not pay for: outpatient physical and/or occupational therapy services if any of the following applies:

- Outpatient physical and occupational therapy services furnished incident to a physician's services (without consultation and referral).
- Services that have not been certified every 30 days as medically necessary with referring Doctor.
- Simultaneous home health coverage that overlaps with receiving outpatient care.
- Services in excess of Medicare annual outpatient physical therapy benefit limits.
- Continuing treatment once a sustainable level of rehabilitation has been met (maintenance program).

Patient Print Name

Patient Signature

Date