
MEDICARE PATIENTS

MEDICARE CAP ACKNOWLEDGEMENT

Medicare Cap Acknowledgement The Balance Budget Act of 1997 instituted an annual Medicare payment cap on outpatient physical, speech and occupational therapy services. This cap quickly became a problem for many beneficiaries with long term conditions. A moratorium was placed on the cap, and extended through December 31, 2002 by Medicare, Medicaid, and CHIP Benefits Improvement and Protection act of 2000 (BIPA). The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 placed another 2 year moratorium on the Medicare payment cap on outpatient physical, speech and occupational therapy service. Congress passed cap starting on January 1, 2018. The cap amounts are \$2150 for physical and speech language therapy pathology combined an another \$2150 for occupational therapy, with another \$850 when medically necessary per calendar year.

I understand for the year 2024 my deductible is \$240 and I am responsible for 20% of the charges after Medicare has processed my claims. I will provide Body Zone Physical Therapy with all correct information at the time of service. If there are any changes made I will inform Body Zone Physical Therapy at the next visit.

As a provider of services to Medicare patients we will submit all charges to Medicare and the secondary insurance that is provided to us.

INSURANCE: It is important that each patient understands their own and their dependents medical coverage. There are many insurances. As a courtesy we obtain your physical therapy benefits and inform you of them as soon as possible.

If a co-payment is due according to your insurance, it is your responsibility to pay this at each visit. If you have a deductible and coinsurance due, we will bill you after the charges have been processed at the insurance company. If you have a high deductible plan we may ask you to pay something each visit to keep the amount of your bill lower.

A \$35 fee will be charged for any returned checks unpaid by your financial institution.

If your insurance plan requires you to have a referral for your visits, it is your responsibility to contact your PCP to obtain that. If your insurance company requires an authorization we will obtain this according to their guidelines.

Educating yourself about your insurance benefits ensures that you will not be unexpectedly billed for services you received from our office.

All insurance and personal information provided to us must be accurate and up to date.

I have read the policy as written above and I agree to the terms and conditions outlined within this policy. Furthermore, I agree to assign all health insurance benefits directly to Body Zone Physical Therapy. I agree to accept full financial responsible for medical expenses incurred at Body Zone Physical Therapy. I recognize that the terms of this agreement are confidential between myself and Body Zone Physical Therapy.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ RELATIONSHIP: _____