

TO: Medicare Patients

RE: Medicare Changes

Dear Patient:

This letter is to inform you of a change that has occurred in Medicare outpatient rehabilitation service coverage. Medicare has notified us that effective January 1, 2018 there is a \$2010 cap per beneficiary (patient) per calendar year. Please understand that Medicare regulates these changes which affect all therapy providers.

This \$2010 limit applies to physical therapy and speech language services with a separate \$2010 limit on occupational therapy services. Our recommendation is that you assume that you have a “bank account” of 15-18 visits that you can use per calendar year (January-December).

Medicare has provided an exception process in cases of medical necessity. Please ask your therapist if you qualify for an exception if you anticipate exceeding the therapy cap.

Please be aware that if services continue past the \$2010 cap amount and you do not qualify for an exception, that you, the patient, becomes responsible for payment. ***This is why it is critical that you notify us if you have seen a physical, occupational or speech therapist prior to your visit with us.***

Our goal is to provide you with the care and education you need to obtain your greatest functional outcome. Your therapist will work with you to develop a plan to best utilize your visits.

I HAVE READ AND UNDERSTAND THE MEDICARE CHANGES. I UNDERSTAND THAT I HAVE FINANCIAL RESPONSIBILITY FOR MEDICARE CO-PAYMENTS, \$183 ANNUAL DEDUCTIBLE, AND ALL CHARGES EXCEEDING THE \$2010 CAP LIMIT.

SIGNED

PLEASE PRINT NAME

DATE