

Valley Physical Therapy

Medicare Insurance Information

The following is general information about Medicare coverage for physical therapy services. Medicare will not pay for physical therapy services unless the following conditions are met. Please do not hesitate to ask us if you have any questions.

1. The physical therapy intervention(s) you receive must be restorative. Medicare will not cover palliative (pain relief) or maintenance care. The therapist must be able to document improvement in function for Medicare to cover physical therapy services. (We will provide you with a copy of the Medicare guidelines and definitions if requested)
2. Medicare requires you to be under a physician's care when you receive physical therapy services. You do not need a referral, but your physician must sign off on a plan of care submitted by our office for your care and recertify that plan of care every 90 days while you are receiving physical therapy services.
3. Medicare pays 80% of its negotiated fee schedule. We are a Medicare provider and will only charge you the Medicare rate for our services. The beneficiary is responsible for the 20% that is not paid by Medicare. This can be paid by a supplemental insurance policy or by the beneficiary.
4. Medicare has a monetary cap on the Therapy services they will cover in a free standing physical therapy clinic (like Valley PT). For 2012 the cap is \$1,880 for Medicare allowed charges for physical therapy and speech therapy combined. If you exceed \$1880, you may qualify for an exception to the "cap" based on your diagnosis and history.

By signing below I acknowledge that I have read and received a copy of Valley Physical Therapy's "Medicare Insurance Information" as written above.

Signature

Date