

MIDLANDS
orthopaedics
& NEUROSURGERY

HAND, OCCUPATIONAL & PHYSICAL THERAPY

Billing & Payment Information

Upon referral from a physician, therapy services are provided in this clinic by a licensed therapist. These services are billed under the therapist—not the physician—with charges specific to occupational and physical therapy.

In order to bill for their services, our therapists are required to conduct their own independent evaluation and establish a plan of care. The bill you receive will reflect this requirement and include charges for an evaluation as well as any therapy treatment(s) received.

Your therapy visits may also require a co-pay/co-insurance depending on your insurance. We ask that any co-pays/co-insurance be taken care of the same day you receive treatment. Please also be aware that some insurance plans limit the number of therapy visits they will cover.

We strive to keep you as informed as possible and have listed the estimated costs for you below. Please see our front desk receptionist with questions or concerns you may have.

Deductible: _____

Copay: _____

Coinsurance: _____

Total estimated OT/PT charges per visit: _____

OT/PT visit limit: _____

I have read and understand the above statement. I understand I will be responsible for all therapy charges not covered by my health insurance.

Referring Physician to Midlands Orthopaedics & Neurosurgery: _____

Print Name: _____

Signature: _____ **Date:** _____

PATIENTS COVERED BY MEDICARE, PLEASE SEE PAGE TWO.

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For Our Medicare Patients

Effective January 1, 2017, Medicare imposed an annual payment limit (cap) of \$1980.00 on occupational, physical, and speech therapy services. This limit applies to all therapy services provided in an outpatient facility as well as therapy services received through home health care and skilled nursing facilities.

How does this affect you? Medicare will cover expenses for therapy services up to \$1980.00 for the current year. As the patient, you are responsible for all expenses incurred for therapy over this limit. This includes therapy services you receive at another clinic, through home health, or in a skilled nursing facility this year.

We are committed to providing quality care and will do our best to make sure you do not exceed the cap, but it is ultimately your responsibility to monitor your financial liability. There are some exceptions to the therapy caps available. Your therapist can help you determine if your condition qualifies should that need arise.

Please initial each statement below if you have **NOT** received the services listed during the current year.

- _____ Outpatient Physical Therapy
- _____ Outpatient Occupational Therapy
- _____ Home Health Occupational Therapy
- _____ Therapy in a Skilled Nursing Facility

I have been informed of the Medicare payment limit and acknowledge that all expenses incurred for therapy services beyond the cap of \$1980.00 will be my financial responsibility.

Print Name: _____

Signature: _____ **Date:** _____