

Dear Medicare Patient:

Welcome to Farmingdale Physical Therapy West a/k/a Henry G. Purslow, P.T., P.C (hereinafter referred to as “**FPTW**”). We are pleased that you have chosen to use FPTW as your physical therapy provider. In order to provide you with the most effective physical therapy treatment, we would like to make you aware of Medicare’s rules for outpatient physical therapy.

The annual maximum limit for the year **2017** is **\$1,980**, which we estimate to be approximately **fifteen (15) visits** of treatment. If you chose to come for physical therapy **three (3) times per week**, this amount will be reached in **four to five (4-5) weeks**. If you choose to come **two (2) times per week**, this amount will be reached in **seven to eight (7-8) weeks**. Please consult with the physical therapist and schedule your appointments accordingly.

Initial _____

Therapy can be extended under certain circumstances only when medically necessary (for example, in the event of a recent surgery or a fracture). Medicare calls this process by the name “KX”. Please consult with your therapist at **visit number eleven (11)** to see whether you qualify for KX.

In the event we **cannot** extend your Medicare benefits past **15** visits or exhaust your KX benefits, we do have a self pay program. Please discuss with the Practice Administrator or the Billing Manager. The maximum per visit charge for self-pay is \$40, but arrangements can be made based on financial condition and hardship.

Please also note that your Medicare secondary insurance will be charged 20% for each visit. Medicare secondary insurance policies include AARP, BlueCross/Blue Shield, The Empire Plan, GHI, Emblem, and Tricare. Depending on the policy, you may be responsible for payment of a portion of the secondary payment. Please ask the front desk or the Billing Manager at your first treatment what that amount of responsibility will be.

Initial _____



Please also note:

- Medicare claims for physical therapy require a physician’s prescription and/or a referral.
- Medicare requires that your physician certify a “Plan of Care”. If one is not included in your physician’s prescription/referral, your therapist will send your physician Initial Examination report which will also include a Plan of Care. Your physician will be asked to sign and return to keep a copy on our file. Your physician will be notified if there is a significant change to your Plan of Care.
- Your therapist will send progress reports to your physician once every ten (10) treatment appointments.
- If you have any questions/comments regarding your Medicare plan, please direct them to:

www.medicare.gov

1-800-633-4227

Initial _____

My signature below verifies that I understand the rules as described above.

Signature

Date

We appreciate your understanding and help in working with us and your medical providers to meet guidelines for the continuity of your care. Feel free to contact me at anytime with any questions or concerns.

Sincerely yours,

Sean C. Serpe
Practice Administrator



Medicare Forms 2017

In order to provide you with the most effective physical therapy treatment, we would like to make you aware of Medicare's rules for outpatient physical therapy.

The annual maximum limit for the year 2017 is \$1,980, which we estimate to be approximately fifteen visits (15) visits of treatment.

There are KX modifiers which means only when medically necessary can a patient be extended beyond the allowed amount.

Medicare claims for physical therapy require a physician's prescription and/or a referral.

Medicare requires that your physician certify a "Plan of Care". If one is not included in your physician's prescription/referral, your therapist will send your physician Initial Examination report which will also include a Plan of Care. Your physician will be asked to sign and return to keep a copy on our file. Your physician will be notified if there is a significant change to your Plan of Care.

Your therapist will send progress reports to your physician once every ten (10) treatment appointments.

If you have any questions or comments regarding your Medicare plan, please direct them to:

www.medicare.gov
1-800-633-4227

My signature below verifies that I understand the rules as described above and realize claims may be denied if I do not comply with these requirements.

Signature

Date

We appreciate your understanding and help in working with us and your medical providers to meet guidelines for the continuity of your care.

