To Our Medicare Patients,

We would like to update you and your doctor on the recent Medicare requirements for physical therapy treatment. In order to best facilitate your recovery, and to not delay treatment, we ask that you be aware of the following procedures.

⇒ *YOU* must have had an office visit with your physician and have received a prescription, or referral, for physical therapy. Anytime a new condition/problem occurs, you must get a NEW prescription/referral from your physician. (We need a copy of this prescription.)

⇒ Your therapist will also need a treatment plan signed by your physician (we will fax that needed correspondence.)

⇒ Treatment will be delayed if an updated referral / prescription is not obtained from your doctor. It is YOUR responsibility to see your doctor on a timely basis so that this will not occur.

⇒ Medicare benefits will pay 80% of the allowed amount for physical therapy after you meet your annual deductible. If you have secondary insurance, we will handle the billing for you from our office.

Your Physician' s Name _____ Phone number _____

- **I have provided a written prescription for P.T. : YES NO**
- **When did you last receive HOME HEALTH CARE, HOSPICE CARE or care in a SKILLED NURSING FACILITY? _____**
- **I have read and I understand the above Medicare requirements.**

Signature _____ Date _____