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.

⇒ Medicare requires you to be under the care of a physician. Your doctor will receive a plan of care after the initial evaluation, which must be approved and signed. Periodically a new plan of care will be forwarded to your doctor should you need further rehabilitation services. We will fax all needed correspondence.

⇒ Medicare does not cover outpatient physical therapy in conjunction with homecare services.

⇒ Medicare benefits will pay 80% of your 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**
- **Have you had Home Health or Hospice Care this year? YES NO**
- **I have read and I understand the above Medicare requirements. I also acknowledge the privacy policy posted at Performance Physical Therapy in regards to the usage of my private health information.**

Signature _____ Date _____