

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.



For Our Medicare Patients

Effective January 1, 2019, Medicare implemented a \$2,040.00 threshold for therapy services. The \$2,040.00 threshold applies collectively to physical and speech therapy. There is a separate \$2,040.00 threshold applied to occupational therapy.

How does this affect you? Medicare will cover expenses for therapy services up to \$2,040.00 during the current calendar year. Therapy services rendered after the \$2,040.00 threshold is met must be deemed medically necessary for Medicare to continue paying for treatment. As the patient, you will be responsible for any expenses incurred over this limit if Medicare denies coverage. This includes paying for therapy services you have received at another clinic, through home health, or at a skilled nursing facility.

We are committed to providing quality care and will do our best to inform you if your therapy treatment will not be covered by Medicare, but it is ultimately your responsibility as the patient to monitor your financial liability. Your therapist can help determine if your treatment is covered should the need arise.

I have received therapy treatment at the following location(s): *(circle all that apply)*

Outpatient Occupational/Physical Therapy

Home Health Therapy

Therapy in a Skilled Nursing Facility

I have been informed of the outpatient therapy limitations and acknowledge that any expenses incurred for therapy beyond \$2,040.00, not covered by Medicare, will be my financial responsibility.

Print Name: _____

Signature: _____

Date: _____