

LAKE RIDGE PHYSICAL THERAPY, LLC

(D.B.A. Fusion Physical Therapy)

2018 MEDICARE CAP

Patient: _____

Date: _____

Effective January 1, 2018, a financial limitation (therapy cap) was placed on outpatient rehabilitation services received by Medicare beneficiaries. Outpatient Physical Therapy and Outpatient Speech-Language Pathology has a combined annual limit for 2018 of \$2010.

An exception to the therapy cap may be made when the patient's condition is justified by documentation indicating that the beneficiary requires continued skilled therapy to achieve their prior functional status or maximum expected functional status within a reasonable amount of time. Providers may utilize the automatic process for exception for any diagnosis for which they can justify services exceeding the cap.

I certify that I am aware of the therapy Medicare Cap of \$2010 for the 2018 calendar year. I understand that I am responsible for any amounts not covered by my insurance. If your insurance carrier (primary or secondary) denies any part of your claim, or if you or your physician elects to continue therapy past your approved time period or financial limitation (\$2010 therapy cap), you will be responsible for your account balance in full.

I have had _____ number of **Outpatient Physical Therapy** (in private practice, physician offices, Part B skilled nursing facilities for outpatient or residents who are not in Medicare certified parts of the facility, outpatient rehabilitation facilities, or outpatient hospital departments) and **Speech Therapy** visits during the 2018 calendar year.

Medicare does not cover Outpatient Physical Therapy if you are currently receiving any home health services. Are you currently receiving any home health services?

YES NO

If you received services previously, what was the name of the home health agency?

Patient's Signature

Date

Printed Name