

LAKE RIDGE PHYSICAL THERAPY, LLC

(D.B.A. Fusion Physical Therapy)

2019 MEDICARE THERAPY THRESHOLD

Patient: _____

Date: _____

Effective January 1, 2019, a financial limitation (therapy threshold) was placed on outpatient rehabilitation services received by Medicare beneficiaries. Outpatient Physical Therapy and Outpatient Speech-Language Pathology has a combined annual limit for 2019 of \$2040.

An exception to the therapy threshold may be made when the patient's condition is justified by documentation indicating that the beneficiary required 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 threshold.

I certify that I am aware of the therapy Medicare Therapy Threshold of \$2040 for the 2019 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 (\$2040 therapy threshold), 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 2019 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?

When were you discharged? _____

Patient's Signature

Date

Printed Name