

MEDICARE FINANCIAL UNDERSTANDING

DEDUCTIBLE:

Medicare requires that you pay the first \$183.00 of covered medical expenses each year before they will begin paying their percentage. This is called the “deductible”. If you have already been treated by other doctors this year, those covered services will be applied to your deductible.

MEDICARE COVERAGE:

After you have met your deductible, Medicare will reimburse 80% of allowable treatment charges. The only “allowable” treatment by a chiropractor is spinal manipulation that is “reasonable and necessary” to restore or arrest a covered condition. Once Medicare determines that further manipulative treatment is not “reasonable or necessary” for your condition, you will then be responsible to pay for all further treatment charges.

EXAMINATION:

Medicare will only reimburse chiropractic manipulative treatment for patients who have a “covered condition”. In order to determine the nature and extent of your condition, the doctor will need to examine you prior to the initiation of treatment, and periodically thereafter.

Additionally, the doctor may feel that x-rays are warranted to further document and diagnose your condition in order to provide you with proper treatment recommendations. Medicare will not reimburse for the examination charges or x-rays, if indicated, when taken by or ordered by a chiropractor, therefore, payment must be made by you.

PHYSICAL THERAPY, SUPPLEMENTS AND SUPPORTS:

During the course of your treatment in this office, the doctor may determine that certain physical therapy procedures, supplements or supports may be necessary to assist in the treatment of your condition. Medicare will not reimburse for these services, and therefore, payment must be made by you.

SUPPLEMENTAL INSURANCE:

If you have a supplemental insurance policy to help pay for your treatment charges, we will be happy to bill this insurance policy for you. Please provide us with the policy information and we will need you to read and sign the appropriate release of information and benefit assignment forms.

Please sign below upon your understanding and agreement to be personally responsible for payment for those services which may be recommended to treat your condition, but not covered by your Medicare policy.

Patient/Beneficiary's Signature

Date