



MEDICARE CHIROPRACTIC COVERAGE

We prepared this brochure because Medicare handles chiropractic care differently from medical treatment. Here's how to take advantage of your chiropractic benefits under Medicare Part B.

YOUR COVERAGE

Medicare **ONLY** covers the cost of chiropractic adjustments designed to help correct vertebral subluxation. This is when bones of the spinal column lose their normal motion and position. The resulting nerve involvement can have far-ranging health effects.

If you have a Medicare Replacement plan, your coverage may differ from traditional Medicare. We will help confirm your benefits.

THE EXAMINATION AND ANY NEEDED X-RAYS

An examination is necessary to identify the presence of vertebral subluxation. Medicare requires this. But Medicare does not pay for the cost of the exam or any needed X-rays.

YOUR RESPONSIBILITY

Regardless of the type of doctor you see, Medicare requires you to pay an annual deductible amount. Then, you'll be responsible for a 20% co-payment for the cost of each chiropractic adjustment. Medicare will pay the remaining 80% of the cost of adjustments that Medicare deems medically necessary. If you have a secondary insurance policy, this may cover the 20% co-payment.

MEDICAL NECESSITY

For Medicare to pay for your adjustments, they must be "medically necessary." That means:

1. Your adjustments must relate directly to your specific health complaint,
2. Your adjustments must hold the promise of making functional improvements, and
3. You must follow your chiropractor's specific plan for active treatment.

FUNCTIONAL IMPROVEMENT

Instead of judging your progress simply by how you feel, Medicare wants to see improved function. That means a restored ability to turn, bend, walk, sleep and generally perform your daily activities.

Once improvement stops, Medicare coverage stops. That's because they consider further care to be maintenance care and expect you to self-pay.

MAINTENANCE CARE

Medicare does not pay for chiropractic care to maintain your progress or help prevent problems. While most patients see the wisdom of some type of wellness care, Medicare does not pay for it. Recognizing the value of protecting their improvement, many opt to self-pay.

EXCLUDED SERVICES

We only recommend the care that is clinically appropriate. That might include other procedures such as massage, traction or other therapies. Medicare does not pay for these, nor do they pay for adjustments to your wrist, ankle or other extremity. Sometimes these procedures may be covered by any supplemental insurance you may have. Also, as stated above Medicare does not cover the cost of exams or any needed x-rays. A Discount Medical Plan may reduce your out-of-pocket expense.

MAXIMUM IMPROVEMENT

The number of adjustments covered by Medicare varies. It's based on the severity of your condition(s). Sometimes, more visits will be needed than what Medicare will pay for. If continued care seems promising to you (but not Medicare), you may pay for the care yourself.

OUR PARTICIPATION

Our practice is a Participating Provider with Medicare. That means you'll pay any unmet deductible amount for the calendar year, plus a 20% co-payment for each chiropractic adjustment. We will bill Medicare and they will pay us directly. Because we are a Participating Provider, if you have supplemental insurance, it may assume some or all of your 20% co-payment and sometimes it may cover excluded services.

NATURAL RESULTS

Regardless of Medicare coverage, we promise to make the recommendations that can best help you. We'll do everything we can to make your chiropractic care affordable. We look forward to showing you ways to get well and stay well. Naturally. Without drugs or surgery.

Please Sign and Date below stating you understand and agree to the Medicare guidelines as described above.

Signature: _____ Date: _____