DONNA BEHR LLC
PHYSICAL THERAPY

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781-400-8636
Needham, MA

MEDICARE

You will be responsible for any deductibles, co-pays, co-insurance and any services not covered by your plan. We strongly encourage you to check with a secondary insurer (if applicable) regarding your specific physical therapy benefits prior to your initial appointment. Should your plan include a co-pay for physical therapy, we ask that it be paid at each visit.

Medicare requires a valid prescription for physical therapy from your medical doctor for the first visit.
A referral from a different health professional, such as a dentist or chiropractor, will not be accepted by Medicare. Once you have received a prescription, it will expire in thirty days. Therefore, please schedule your first appointment within that thirty-day time period.

You hereby authorize and request authorized Medicare payments be made to Donna Behr Physical Therapy, LLC for any services or goods rendered. You hereby also authorize release of medical information to Medicare and its agents any information needed to determine these benefits or benefits payable for related services.

If applicable, you hereby also authorize payment of benefits from your secondary insurance carrier to Donna Behr Physical Therapy, LLC. You understand that you are responsible for any deductibles, copays, coinsurance and any services not covered.

You hereby acknowledge that during this calendar year _____ you *(Circle one)* **HAVE NOT** or **HAVE** received previous physical therapy treatment billed to Medicare at a home care agency, hospital or other outpatient clinic.

Please list places and dates:

_____

_____

If you have received **home care services** in calendar year _____ you understand that you may NOT be eligible for services at Donna Behr Physical Therapy, LLC until the case is officially closed in writing.

You understand that the outpatient physical therapy and speech therapy cap set by Medicare for 2015 is $1,940. Once that cap is exceeded, you hereby acknowledge that you will be responsible for payment.

_____
Printed Name

_____
Signature Date

Updated April 2015