



Achieve Orthopedic Rehab Institute
Private Owned and Independent Physical Therapy Center



MEDICARE PATIENTS

Dear Medicare Patients:

Achieve Orthopedic Rehab Institute's goal is to provide the highest quality Physical Therapy services to our patients. With the recent update Medicare allows \$1,900.00 for physical therapy benefits. If you qualify for what is called a KX modifier, treatment can continue above and beyond this dollar amount when deemed medically necessary. Please consult with your therapist as to whether or not this would apply. Based on the \$1,900.00 amount, the average number of physical therapy visits in our offices will be 16 annually before the KX modifier goes into effect on your account. Your visit limit with us may be lower depending on your use of PT or Speech Therapy during the same calendar year prior to attending Physical Therapy at Achieve Orthopedic Rehab Institute. Medicare covers at 80%, should you carry a supplemental plan they typically cover the remaining 20%. Please keep in mind that a deductible may apply.

"For physical therapy and speech language pathology services combined, the limit on incurred expenses is \$1900.00 for the 2014 calendar year. Deductible and co-insurance amounts applied to therapy services count toward the amount accrued before a cap is reached. Services that meet the exceptions criteria and report the KX modifier will be paid beyond this limit."

Please inform us if you received any Physical or Speech Therapy services in 2014 prior to attending PT in our clinic.

HOME HEALTH

If you have received, or are receiving, Home Health Physical Therapy, your insurance will not cover out-patient physical therapy during a 60 day period following home services. If this has occurred, then you as a Patient are responsible for each out-patient visit until you qualify with your insurance to cover the appointments. This will not apply if your home health provider has completed your discharge process. To ensure coverage please confirm with your home health provider.

PATIENT SIGNATURE CERTIFIES THAT YOU ARE AWARE OF BENEFITS.

If you have any questions please ask the Front Administrative staff for more information.

Patient Signature: _____ Date: _____