



GUIDELINES AND LIMITATIONS OF COVERAGE FOR MEDICARE

Physical therapy services are covered when they are reasonable and medically necessary for the patient’s condition under accepted medical practice standards and related directly to a written treatment plan. There must be an expectation that the condition or level of function will improve within a reasonable time, or the services must be necessary to establish a safe and effective maintenance regimen required in connection with a specific disease.

The following services are not covered:

Service performed under a treatment plan that has not been reviewed by a physician at least every thirty (30) days.

Services furnished to a patient who has not been seen by a physician at least every thirty (30) days.

I have read and understand that I must see my physician every thirty (30) days. In the event that I am unable to see my physician every thirty (30) days, I have the option of continuing therapy, but understand that I will be financially responsible for the treatment rendered or I will postpone my therapy until I am able to see my physician.

Patient’s PRINTED name

Patient’s Signature

Date: _____

Signature of Witness

Date: _____