MOTIONMATTERS PHYSICAL THERAPY

P: 559.876.1191 F: 559.876.9911 www.motionmatterspt.com

Medicare

MEDICARE BENEFIT AUTHORIZATION FORM: I request that payment of authorized Medicare benefits be made either to me or on my behalf to Motion Matters Physical Therapy, PC for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to be released to the Health Care Financing Administration and its agents any information needed to determine these benefits payable to related services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. In Medicare-assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge and the patient is responsible only for the deductible, coinsurance and non-covered services. Coinsurance and deductible are based upon the charge determination of the Medicare carrier.

DUAL TREATMENT NOTICE: Please notify our office if you are currently receiving home health physical therapy treatment or any other outpatient physical therapy treatment at any other facility. Medicare does not pay for dual services. Failure to notify Motion Matters Physical Therapy, PC of any additional treatments you are undergoing may result in your being billed for all charges incurred at this facility.

I, ____, state that I am **NOT** currently receiving any home health or outpatient physical therapy services at any other facility except Motion Matters Physical Therapy, PC.

I understand that my Medicare insurance does not cover physical therapy services performed by more than one provider at a time. I further understand that if I fail to notify Motion Matters Physical Therapy, PC of any home health or outpatient physical therapy services I am receiving, that I may be responsible to pay for charges denied by my insurance.

I have read and agree to the above statements.

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Signature of Patient (or authorized representative) Date

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Witness (Signature of Motion Matters Physical Therapy Staff) Date