

# MEDICARE PATIENTS

## EXPLANATION OF NON-COVERED SERVICES

### Deductible:

Medicare requires you to pay an annual deductible of \$203.00. Medicare applies the first medical services they process for you, each calendar year, to this deductible. If you received medical services this calendar year, your Medicare Part B deductible may already be met.

### Examinations:

In order to determine the extent of your condition, as well as the treatment you need, the doctor will examine you prior to the initial examination. **Medicare will not cover the fee for this examination. The examination fee is \$25.00.**

### X-Rays:

Medicare does not require you to have current x-rays. You and the doctor may decide that x-rays would be helpful to properly diagnose your condition. It is the patient's responsibility to pay for any x-rays. Medicare will not reimburse you, even though they may be needed to properly treat you.

### Physical Therapy, Supplements, and Supports:

During the course of your treatment the doctor may determine that a certain therapy ( hot packs, muscle stimulation, vibrating massager, ultrasound, heat lamp, diatherapy, vitamin supplements and or orthopedic supports) is necessary for your condition.

## WHAT MEDICARE DOES COVER

### Spinal manipulation:

After you have met your annual deductible, Medicare will pay 80% of the “allowable treatment charges”. The only allowable treatment charge by a chiropractor is manual manipulation to the spine. The treatment charges vary, depending on the areas adjusted. Patients are responsible for the 20% co-insurance, unless you have a secondary/supplemental plan.

### Secondary/Supplemental Insurance:

If you have coverage that is secondary or supplemental to Medicare we would be happy to bill it for you. Please provide us with a copy of your ID card.

### PHYSICIAN'S NOTE:

In ordinance with the Medicare Act, Section 1842(I), this letter is to advise you that Medicare will only pay for services that it determines to be “reasonable and necessary” under Section 1862(A) of the Medicare Act. If Medicare determines that a particular service, although would otherwise be covered, is not “reasonable and necessary” under Medicare program standards, Medicare will deny payment for that service.

“I understand that the chiropractic services listed above may not be required for treatment of my condition and may not be covered by Medicare. If this is true, I will personally be responsible for payment of these charges. “

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Patient's Signature

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Date