

## LIFETIME MEDICARE PAYMENT AUTHORIZATION

**I request that payment of authorized MEDICARE benefits be made on my behalf to Bellingham Physical Therapy, LLC for any services furnished to me by that physician. I authorize any holder of medical information about me to release to the HEALTHCARE FINANCING ADMINISTRATION and its agents any information needed to determine these benefits or the benefits payable for related services.**

\_\_\_\_\_  
Signature (See 1 and 2 below)

\_\_\_\_\_  
Date

1. The patient, if physically and mentally competent, must sign on his own behalf. If he cannot sign for himself, a representative payee as designated by the Social Security Administration, or a legally appointed guardian may sign. The source of the signatory's authority should be stated, e.g. Social Security Administration appointed representative payee, court appointed guardian, etc.
2. This form is used in lieu of the patient's signature on the "Request for Payment" form CMS-1500 and is, therefore, an extension of that form. Anyone who misrepresents or falsifies essential information in making Medicare claims, may, upon conviction, be subjected to fine and imprisonment under Federal Law.

## 2006 MEDICARE PHYSICAL THERAPY CAP

- Medicare will not cover physical therapy services rendered from January 1, 2006 to December 31, 2006 in excess of \$1740.
- This \$1740 physical therapy cap is a per beneficiary annual cap. It does not apply per diagnosis nor per provider.
- The cap is based on allowable charges covered by Medicare. This includes the \$124 annual deductible, the 80% of the allowable charges that Medicare pays, as well as the remaining 20%, which is the beneficiary's responsibility.
- We will bill a Medicare beneficiary's secondary insurance but it is the beneficiary's responsibility to be aware of how claims will be processed with regard to the Medicare Physical Therapy Cap.
- Medicare beneficiary's will be notified on all Medicare Summary Notices (MSN) for physical therapy services of the dollar amount that has been applied during the calendar year towards the cap.

**By signing below, you are acknowledging that it is your responsibility to know how close you are to reaching the \$1740 Medicare Cap for Physical Therapy.\* You are also agreeing to pay for any services rendered which are not covered by Medicare once the \$1740 physical therapy cap is met for 2006.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*An estimated 20-25 visits should be covered by Medicare before the cap is met.

**HAVE YOU HAD ANY PHYSICAL THERAPY OR SPEECH THERAPY SO FAR IN 2006?**

**YES**

**NO**