



ALLIANCE PHYSICAL THERAPY

NOTIFICATION OF MEDICARE THERAPY LIMITS

GENERAL INFORMATION REGARDING MEDICARE THERAPY LIMITS:

1. From January 1, 2018 to December 31, 2018, the Medicare therapy limit is set at \$2010 for physical therapy and speech language pathology combined, and \$2010 for occupational therapy.
2. According to Medicare legislation, the \$2010 limit is per beneficiary annual cap. It does not apply per diagnosis nor per provider.
3. The annual cap is based on the allowable charges covered by Medicare. If you have already met your Medicare deductible, Medicare will pay 80% of the \$2010=\$1608.00. Unless you have a supplemental plan, you will be responsible for 20% of \$2010=\$402.00.

TRACKING THE THERAPY CAP:

It is important that you inform us of therapy services that you have received at any time in 2018, so we can access information regarding the amount you have accrued toward the therapy cap.

YOUR OPTIONS ONCE YOU'VE MET THE THERAPY CAP:

1. You may choose to continue receiving therapy services at Alliance Physical Therapy beyond the therapy cap. The remainder of services you receive are statutorily excluded from the Medicare benefit and you accept financial liability for all remaining visits.
2. You may choose to discontinue therapy services entirely.

I acknowledge that I have read and understand this notification of Medicare therapy limits and the services for which they will not pay. Upon reaching the therapy limit, I may elect to continue therapy services at Alliance Physical Therapy and pay out of pocket, receive physical therapy services in an outpatient hospital setting, or discontinue therapy services.

Beneficiary Signature

Date
(NMTL 1/2018)