

**IMPORTANT INFORMATION FOR OUR MEDICARE PATIENTS
EXPLANATION OF NON-COVERED CHIROPRACTIC SERVICES**

Patient's Name

Medicare Number

DEDUCTIBLE

Medicare requires that you pay a yearly deductible of \$240 towards your Part B medical expenses before they will begin paying for covered services. If you have already been treated by other doctors this year, you may apply those bills towards your deductible.

MEDICARE COVERAGE

Medicare in a chiropractic office only covers manual manipulation of the spine (commonly referred to spinal adjustment or CMT), for acute and chronic conditions when there are reasonable expectations of recovery or improvement. Medicare pays 80% of the service and the patient is liable for 20% after the deductible is met. Any supplemental insurance may pay the remaining 20%, and can possibly cover your Medicare deductible, depending on the plan that you chose. All other services other than spinal manipulation are your responsibility and outlined below in detail.

EXAMINATIONS

In order to determine the extent of your condition, as well as the type of treatment you will need the doctor will examine you prior to the initiation of treatment, and periodically thereafter. Medicare will not reimburse for examination charges; and therefore, payment must be made by you.

X-RAYS

Medicare does not require x-rays in order to be reimbursed for chiropractic treatment. Your doctor may determine x-rays are necessary to assess your condition. If x-rays are taken or ordered by your Chiropractor, they are not covered by Medicare and therefore you are fully liable for the charges for x-rays.

PHYSICAL MEDICINE, SUPPLEMENTS AND SUPPORTS

During the course of your treatment in this office, the doctor may determine that certain physical therapy modalities or procedures, vitamin supplements or orthopedic supports may be necessary to assist in the treatment of your condition. Medicare will not reimburse for any of these services, and therefore, payment must be made by you.

I understand that although the Chiropractic services listed above may be required for treatment of my condition, these charges are not covered by Medicare and I will be personally responsible for payment of these charges.

Patient's Signature

Date