

Letter of Understanding for Medicare-Eligible Clients

Kineci with Dr. Steve Politis, DPT, is not contracted with Medicare or any other form of health insurance.

Services rendered in our practice are not covered by Medicare or your Secondary Insurance.

If you would like Physical Therapy to be covered by insurance and if you have a Physician referral for such we will be happy to provide you with alternative options.

If you still desire to be seen by Dr. Steve Politis, DPT, for his expertise, we ask that you sign below to indicate that you understand that this is a non-covered service by Medicare, and to understand that *you cannot receive reimbursement from your insurance provider, secondary or otherwise, for this service.*

Kineci does not discriminate against clients who are 65 and over (ie, Medicare eligible) by turning them away if they wish to be seen by him, even though they have been given and considered other options that might be covered by insurance. He would like to help you and is willing to assess your problem and administer a limited number of treatments if necessary and **to provide massage therapy, wellness advice, preventative and fitness exercises.**

However, because physical therapy has not yet been included in Medicare "opt out" legislation, Kineci does not treat Medicare-eligible clients for acute problems, post-surgical treatment, or any issues that are considered 'covered services.'

Actions are being taken to rectify this situation through the American Physical Therapy Association so that there will not be a question about whether you can see a non-Medicare provider Physical Therapist if you wish.

We would be happy to answer any questions you have regarding this matter.
Thank you for understanding.

I understand the Medicare-eligibility issue described above, have read and understand the Medicare ABN Form (also given to me for completion) and I am willing to pay privately to see Dr. Steve Politis (Politis & Associates Physical Therapy, PC) for massage therapy, wellness, prevention, and fitness services.

By signing below, I acknowledge, under my own free will and accord, that I refuse to authorize the submission of any claim by Kineci/Dr. Steve Politis DPT, and I accept full out of pocket financial responsibility.

Signed: _____

Date: _____

Print Name: _____

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I don't want the D. _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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