



Central Billing Office
8930 Four Winds Dr., Ste. 109
San Antonio, TX 78239
(888) 590-4002

Clinic: _____

Date: _____

Notifier(s): _____

MEDICARE FINANCIAL LIMITATION NOTIFICATION FORM

Effective January 1, 2009 the Center for Medicare and Medicaid Services (CMS) implemented a Financial Limitation, (or Cap), totaling \$1,840.00 for Medicare Part B outpatient services for Physical, Occupation and Speech therapy services.

The purpose of this notice is to help you make an informed choice about whether or not you wish to continue to receive outpatient physical, occupational or speech therapy after the Medicare Financial limitation has been met, knowing you will be financially responsible for these services.

CMS's financial limitation (Cap) will be applied in the following manner for your outpatient rehabilitation services:

- **Physical and Speech Therapy will share on \$1,840.00 financial limitation (Cap) for both therapies combined.**
- **Occupational Therapy services will have separate \$1,840.00 financial limitation.**
- **These financial limitations will be effective until December 31, 2009 unless otherwise changed or suspended by CMS.**

Medicare will subtract your co-insurance from the \$1,840.00 cap and pay \$1,448.00 or 80%. The 20% co-insurance, or \$362.00 will be paid by you or a supplemental insurance you may have. These limits are based off the Medicare fee schedule allowed amount after your \$135.00 deductible has been met. The cap will be based on services paid by Medicare at the allowable rate, not the provider's charges.

As Medicare providers, we are obligated to inform you of this financial limitation and Medicare's determination that once the \$1,840.00 financial limitation for Physical, Occupational and/or Speech therapy benefit is met as described above, you will be financially responsible for any services provided, unless you qualify for a Cap exception as outlined below. As a courtesy, we will track the services you receive from us and notify you when the amount is close to meeting Medicare's \$1,800.00 financial limit. This will allow you to make an informed consumer decision regarding whether or not you want to continue therapy services and accept financial responsibility for the cost of any appropriate medically necessary continued care provided. Medically necessary therapy services you receive beyond the cap may be continued at a Hospital Outpatient Rehabilitation department and billed to Medicare, as this type of facility is exempt from the financial limitation imposed by Medicare.

The \$1,840.00 financial limitation is your annual Medicare insurance benefit, regardless of which non-hospital based therapy providers deliver the service. If you received physical, occupational or speech therapy prior to attending therapy at our center, please be aware that those services will be included in your financial limitation total. **Please assist us in ensuring you stay within the cap limits by informing our Scheduling Coordinator of any physical, occupational or speech therapy services you have received between January 1, 2009 and today.** We will be sure to include any self-reported amount in your beginning balance and notify you when you have reached the cap at our facility so you may make an informed decision about continuing care that is medically necessary beyond the financial limitation.

Medicare Therapy Cap Exceptions

Congress has made provisions for exceptions to the Medicare Cap for which you may qualify when therapy services beyond the financial limitation (cap) are medically necessary. Your therapist will discuss your status with you as you near the cap. If you have already exceeded your financial limit (cap) for the 2008 calendar year, your therapist will discuss your ability to qualify for further treatment under an exception after your evaluation or re-evaluation. If you do qualify for an exception, you will be financially responsible for continued care beyond the limitation. Ask our staff what the estimated cost of items and services will be in the event that you do not qualify for an exception.

Patient Signature

Date

This notice was adapted from CMS's "Notice of Exclusion from Medicare Benefits" form and is not an all-inclusive list of excluded Medicare benefits. This notice pertains to Medicare's financial limitation and excluded benefits beyond \$1,840.00.