

Letter of Understanding for Medicare-eligible Clients

Barbara Shirts, PT is not contracted with Medicare or any other form of health insurance.

Services rendered in my 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 I will be happy to provide you with alternative options.

If you are unwavering, however, in your desire to be seen by me, Barbara Shirts, PT, for my expertise, I 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.

Barbara Shirts, PT would like to help you and is willing to assess your problem and administer a limited number of treatments if necessary and **will provide wellness advice, preventative and fitness exercises.**

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

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

____ (initial here) I understand the Medicare-eligibility issue described above and I am willing to pay privately to see Barbara Shirts, PT for physical therapy, wellness, prevention, and fitness services.

____ (initial here) I understand that neither I (the patient) nor Barbara Shirts, PT (the provider) will send any claims to any 3rd party payor, including Medicare, your secondary or supplemental insurance plans. I (the patient) will not allow anyone else, including my spouse, family members, or agent, to send self-claims on my behalf.

By signing below I acknowledge, under my own free will and accord, that I would like to restrict disclosures to my health plan to Barbara Shirts, PT for the purposes of payment because I accept full out of pocket financial responsibility.

Signed: _____

Date: _____

Print Name: _____