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#### TUFTS MEDICARE PREFERRED WAIVER FORM

Dr. Robichaud is a participating provider for the Tufts Medicare Preferred Network. There are two options for members enrolled in the plan.

1. TMP is your primary carrier
2. TMP is your secondary carrier (Medicare remains primary)

When TMP is your primary carrier you will need a referral from your PCP authorizing chiropractic care. The PCP will dictate how many visits they feel are reasonable to manage your condition and how long the treatment is expected to last. There are generally three types of service Dr. Robichaud provides for patients

1. The initial physical examination
2. The routine office visit with spinal manipulation
3. Occasional supportive modalities to reduce pain and muscle spasm

All TMP plans cover the routine office visit and pay for spinal manipulation. Members normally have a co payment and some plans have a deductible when this service is provided. Some TMP plans pay for the initial physical examination (which Medicare does not cover) but some plans do not. We strongly suggest you contact TMP prior to your initial appointment to determine if they will pay for the charge. When the examination is not covered the cost is \$150.00. If TMP covers the initial examination you simply have a co payment. If you would like to be treated on the day of your first appointment there is a \$40.00 charge above your copayment to cover the office visit. You do not have to receive treatment on the initial date of service if you don't want to. TMP does not pay for supportive modalities when performed by a chiropractor. There is an additional charge of \$15.00 for this service.

When TMP is your supplemental (Medigap) carrier they do not pay for the initial physical examination. They will cover the spinal manipulation charge (routine office visit) but do not pay for supportive modalities. You will have to pay \$150.00 for the physical examination (which is required by law) and supportive modalities if they are given (\$15.00 per application). When TMP is secondary your plan will have a copayment. We will submit your charges to Medicare. Medicare will process and pay your claim, and forward any remainder balance to TMP. In the case of a routine office

visit this is less than \$10.00. If your copayment is greater than the remainder balance you pay the lower charge.

Our staff will keep track of how many visits your PCP has authorized and will request additional visits if needed. It is up to your PCP to decide whether or not to approve the additional visits. TMP may also limit the number of visits allowed even if your PCP is willing to authorize them.

I have read the waiver policy and understand the limits of my coverage. I agree to pay for non covered services under my plan.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_