MEDICARE POLICY

Patient Name: _____ **Date:** _____

Referring Physician: _____

Are you currently receiving any home health care services? YES NO

Please be aware that Medicare will not pay for outpatient physical therapy if you are currently receiving home health care services of any kind. If you choose to be treated in our office even though you are currently enrolled in home health care, you will be billed for the services rendered in our office. If you are discharged from home health care, or begin home health care services the same day as a visit in our office, you will be billed for the services in our office.

Please sign below acknowledging that you understand that you will be responsible for payment of services in our office if you are currently enrolled in home health care services of any kind.

_____ _____

Patient Signature Date