

WELCOME TO BECHTEL PHYSICAL THERAPY!

WE ARE A MEDICARE PROVIDER: Medicare requires that all physical therapy be “medically necessary.” This means that Medicare requires you to see your referring doctor every thirty days for a new prescription for physical therapy. If you have not seen your doctor within 30 days, you will be out of compliance with Medicare’s guidelines and if Medicare denies payment, you will be 100% responsible for payment. Medicare will not pay for therapy considered “maintenance” or that does not require the skilled intervention of a licensed Physical Therapist. We can only schedule your appointments for the length of time covered under your prescription. When you receive your next prescription, your next set of appointments will be scheduled. Due to Medicare billing practices, you must let us know if you have had any Home Health Care within the last sixty days, which includes any nurses, doctors or therapists coming to your home for any type of visit. Failure to do this may result in your physical therapy claims being denied.

Your secondary insurance will be billed for your 20% co-insurance as determined by Medicare. Should your secondary carrier not pay for any reason, you will be billed for the balance. If you do not have secondary coverage, we ask that you make a \$25.00 co-pay at the time of each service and we will then bill you for any additional balance that Medicare applies to your co-insurance responsibility. Please remember that you are responsible for your \$110.00 Medicare deductible each year and you may receive a bill from our office if your deductible has not been satisfied.

CANCELLATION POLICY: When you schedule an appointment with a therapist, time is reserved especially for you. We would greatly appreciate 24 hours notice if you are unable to keep an appointment. Appointments cancelled for non-emergency reasons with less than 24 hours notice may be subject to a \$75.00 cancellation fee.

AUTHORIZATION: I hereby authorize Bechtel Physical Therapy to provide physical therapy services to me/my legal ward. I understand that I am financially responsible for any deductible, co-payment or non-covered charges. If Medicare or my other insurance (if any) does not pay 100% of my bill from Bechtel PT, I understand I will be billed and will be personally responsible for all charges.

I hereby authorize Bechtel Physical Therapy to furnish my insurance carrier(s) any and all requested information concerning my health care. I also authorize my insurance carrier(s) to pay Bechtel Physical Therapy (Teresa Bechtel-Greenberg, PT) directly for any services rendered.

Signed: _____ Date: _____
(Patient or Legal Guardian)

THANK YOU FOR CHOOSING BECHTEL PHYSICAL THERAPY!