Clinic:_______________

Notifier(s): Excel Spine & Sports Rehab
3705 Lakes View Parkway
Suite 105
Rowlett, TX 75088

Date: _______________

MEDICARE FINANCIAL LIMITATION NOTIFICATION FORM

Effective January 1, 2017 the Center for Medicare and Medicaid Services (CMS) implemented a Financial Limitation, (or Cap), totaling $1,980.00 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 $1,980.00 financial limitation (Cap) for both therapies combined.**
- **Occupational Therapy services will have separate $1,980.00 financial limitation.**
- **These financial limitations will be effective until December 31, 2017 unless otherwise changed or suspended by CMS.**

These limits are based on the Medicare fee schedule allowed amount after your $183.00 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 $1,980.00 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 $1,980.00 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.

The $1,980.00 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, 2017 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 is in negotiations for provisions for exceptions to the Medicare Cap for which, once they are decided upon, 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 2017 calendar year, your therapist will discuss your ability to qualify for further treatment under and exception (if the exceptions are approved by Congress) 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 $1,980.00.

Notifier(s):

EXCEL
SPINE & SPORTS REHAB

Patient Name: ______________________________

1. Do you receive Veteran's benefits? **Yes** ☐ **No** ☐

2. Are you receiving benefits under the Black Lung Program? **Yes** ☐ **No** ☐

   If yes, date benefits began ____________
   If yes, are the services you will be receiving related to a non-black lung condition?

   Yes ☐ **No** ☐

3. Was this injury/illness due to a work related accident/condition? **Yes** ☐ **No** ☐

   If yes, date of injury/illness __________________

4. Was this injury/illness related to an automobile accident? **Yes** ☐ **No** ☐

   If yes, date of accident ___________________

5. Was this injury/illness related to an accident in which you intend to file a liability suit or litigation is pending?

   No ☐ **Yes** ☐ Attorney Name: _______________________________
   Address: ____________________________________

   Phone: ______________________________________

6. Are you entitled to Medicare based on:
   ☐ Age (65 & over) – go to question 7
   ☐ Disability – go to question 7
   ☐ End Stage Renal Disease
   Do you have group health plan (GHP) coverage? **Yes** ☐ **No** ☐
   Are you within the 30-month coordination period? **Yes** ☐ **No** ☐

7. Are you currently employed? **Yes** ☐ **No** ☐ Date of retirement: ____________________

   a) Is your spouse currently employed? **Yes** ☐ **No** ☐ Date of retirement: ____________________
   b) Do you have a group health plan (GHP) as primary coverage based on your own or a spouse's current or former employment? **Yes** ☐ **No** ☐
   c) Does the employer that sponsors your GHP employ 20 or more employees? **Yes** ☐ **No** ☐

If you answered **Yes** to questions #3, #4 or #7 above, please complete the following information:

Insurance Company:	Address:
Policy/Cert #:	Group Name& #:

Patient gn	Date:
Responsible Party:	Relationship:

Form MSP (03/09)