

NOTICE TO MEDICARE-PART B BENEFICIARIES

NOTICE OF STATUTORY NON-COVERED SERVICES

PLEASE BE AWARE OF THE FOLLOWING MEDICARE REGULATIONS CONCERNING CHIROPRACTIC CARE

In accordance with the Medicare Act. Section 1842(i), this letter is to advise you that Medicare will only pay for services that it determines to be “reasonable and necessary” under Section 1862(a) (i) of the Medicare Act. If Medicare determines that a particular service, although it would otherwise be covered, is not “reasonable and necessary,” under Medicare program standards, Medicare will deny payment for that service.

- **Medicare limits chiropractic reimbursement to manual manipulation. Reimbursement is based on medically necessary correction care only, maintenance care is not covered.**
- **Medicare *DOES NOT* reimburse for charges of exams, x-rays, therapy, extremity adjustments, supplements or supports from a chiropractor.**
- **X-rays and/or an exam may be required to update your condition should a new course of treatment be initiated.**
- **Medicare patients will be responsible for deductible amounts, non-covered charges and possibly any denied visits which exceed Medicare guidelines.**
- **Medicare supplemental policies and or secondary policy benefits may be affected by Medicare denials.**

Our office agrees to Accept Assignment

You will be responsible for 20% co-payment on the allowable charge for manual manipulation in addition to those charges not covered which are listed above.

I have read and understand the limitations of my Medicare coverage and the affects it may have on any supplement or secondary policies. I am aware that I will be responsible for any charges that Medicare denies or deems over “reasonable and necessary.”

Signature of Patient

Date