## **Sands Point Physical Therapy**

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## **Home Care Treatment & Medicare**

This letter serves as an acknowledgement that it is the patient's responsibility to inform Sands Point Physical Therapy if you are receiving homecare treatment. This includes: At home Physical, Occupational, and Speech Therapies. This also includes a Visiting Nurse Service, and other home care services.

Medicare will not pay for outpatient physical therapy services while a patient is receiving homecare treatment. Homecare treatment must be discontinued **before** beginning outpatient physical therapy.

By signing this document you are acknowledging that you are not receiving homecare treatment at this time. If Medicare denies payment as a result of your failure to alert Sands Point Physical Therapy about home care treatment, you will be responsible to payment to the dates of service that are denied.

## **Notice for All Medicare Patients**

Medicare requires that you receive a new prescription from a medical doctor <u>every 30 days</u>. The 30 days begins from the date on the prescription, not from the date you start your therapy. Medicare also requires a plan of care to be signed from the ordering physician for your physical therapy treatments. Sands Point Physical Therapy will send the plan of care to your doctor's office but may ask you to obtain the signed copy if the office is delayed at sending it back to us.

By signing this form, you are acknowledging the above statements, if you have any question
regarding these matters, please feel free to contact our Practice Manager.

Patient/Guardian Signature	Date	