

Outpatient Rehabilitation Medicare Payment Policy

Dear Mr./Ms. _____

Thank you for choosing Health Quest Outpatient Rehabilitation for your therapeutic needs!

-As of January 2018, Medicare discontinued their therapy cap limit of \$3700 per calendar year. In place of the hard cap, Medicare instituted a therapy threshold of \$3000 per calendar year. All therapy claims billed to Medicare beyond this threshold will be reviewed by Medicare for medical necessity. Payment of claims beyond the \$3000 threshold are NOT guaranteed by Medicare. Medicare will NOT provide pre-determination for therapy services beyond the threshold.

-Any patient who reaches the \$3000 threshold will be asked to sign an Advance Beneficiary Notice (**ABN**) if they wish to continue therapy. The **ABN** states that in the event that Medicare does not pay for the services rendered, the patient will be responsible for payment at the same Medicare contracted rates. This policy applies to **ALL** Medicare patients, regardless of condition, **NO EXCEPTIONS!**

-Your therapist will advise you when you are approaching the \$3000 threshold, so that you may collaboratively decide on the best course of action.

-If you choose to sign the **ABN** and continue therapy, an **ESTIMATE** of the cost per visit will be provided to you. Please note that this is only an estimate, as an actual number cannot be predetermined. Estimates are based on type of treatment and number of units billed per visit. This may differ from session to session.

-If you have a secondary insurance, it is your responsibility to contact them and find out if they will pay claims that have been denied by Medicare. Most insurance plans that are secondary to Medicare will not, as they follow Medicare Guidelines.

-Please note that it is **YOUR responsibility** as a patient to be aware of your insurance benefits! We will do our best to help you understand them.

- Please be advised that you may not receive bills for several weeks after you have completed your therapy with us, as it takes time for claims to be processed.

By signing below, you acknowledge that you have read and understand the above statements.

X _____

Date: _____

If you have any questions or concerns regarding any bills you receive, or think you should be receiving, please contact the Health Quest Billing Office at (845) 475-9940.

**DISCLAIMER* The information provided is our best effort to provide you with an idea of your potential financial responsibility for our services. This information is NOT guaranteed. We are only able to provide you with the information that we receive when calling your insurance carrier to verify your benefits. We take no responsibility for misinformation provided by the insurance carrier.*