

MEDICARE PART B BENEFICIARY NOTICE OF THERAPY LIMITS

Medicare imposes an annual financial cap or threshold of \$2,150 per beneficiary for outpatient therapy services. The annual cap is from January 1st to December 31st of the year. The financial limit affects therapy services provided in all Part B practice settings for physical and occupational therapy. The \$2,150 limit is based on incurred expenses and includes the Part B Deductible (\$233) and 20% Coinsurance. There are two separate limits per beneficiary – combined physical therapy and speech therapy limit of (\$2,150) and an occupational therapy limit of (\$2,150).

It is important to understand patients <u>may not</u> be simultaneously covered by Medicare part B in an outpatient hospital setting and as a patient in another facility. To help us ensure you have not reached your financial limits for the year, please take a moment and answer the following questions:

1. Have you received any physical, speech, or occupational therapy services from a home health agency or other outpatient therapy provider during the past year? _____No ____Yes If yes, please list name of the facility: ______ Discharge Date: ______

2. Are you currently receiving any type of services from a home health agency? No Yes If yes, please list name of the facility:

3. Are you currently receiving any therapy services in an outpatient hospital department? _____No _____Yes If yes, please list name of the agency: _____

4. Have you recently been in a Skilled Nursing Facil	ity (SNF)?	No	Yes If yes,
please list name of the facility:			
Discharge Date:			

By answering the above questions, I give Mid State Therapy permission to speak with the above service providers regarding my annual financial limitation for billing purposes. If applicable, I understand that insurance which is secondary to Medicare will generally follow Medicare's determination.

Patient's Signature / Patient Representative

Date

MSTS Staff

Date