

Advance notice of MEDICARE Chiropractic Coverage and Fee Arrangement for FVC

Medicare will *ONLY* pay for chiropractic manipulations of the spine (as of 2005 for acute conditions only) at 80% of the allowed fee. Our usual and customary fee for manipulation of the spine is \$40.00 to \$50.00 depending on the number of areas treated.

Deductible: Medicare applies a \$110.00 yearly deductible towards your medical expenses. If your deductible has not been met, you are responsible for the amounts applied to your deductible determined by Medicare. **Please initial here:** _____.

Non-covered services: An initial consultation, examination, and x-rays are necessary components of evaluating your need and the appropriateness or safety of chiropractic manipulation. These services are NOT covered by Medicare or Medicare supplemental insurance plans. As a courtesy to you, your initial consultation and examination (regularly \$90.00) will be \$80.00 and must be paid the same date of service. Otherwise, you will be billed the regular fee. **Please initial here:** _____.

It is up to the evaluating doctor's discretion which x-rays may be necessary. X-rays may be taken on the premises and be available immediately for review by the doctor for \$70.00 for two or three view Cervical spine and \$85.00 for two view Lumbar spine. These fees also include the doctor's professional component for reading the x-rays. You will not be charged any other radiological fees. X-rays may be a covered benefit if taken by a medical facility. If you specifically want this option, please check here: _____. A referral to your medical physician or prescription to a radiological facility must be obtained by you from your treating chiropractor. *Note, this may delay the evaluation of your condition and the initiation of care.

The treating chiropractor may utilize physiotherapy procedures such as: neuro-muscular therapy, lumbar or cervical traction, ultrasound, electric muscle stimulation, or stretching in the course of your care. These procedures are usually billed to insurance at a minimum of \$20.00 each and are NOT covered by Medicare.

By initialing, I understand that I am financially responsible for my Deductible, co-payment and for any therapeutic modalities and x-rays my doctor feels is necessary for my case. In the event that you have a supplemental insurance policy that covers the Medicare co-pay, you are responsible for any other necessary non-covered services. **Please initial here:** _____.

Other services: Any other items, such as: vitamins, ice/heat packs, supports, pillows and massage therapist services are NOT billable or covered by Medicare and will be paid at the time received.

Advance Notice of Non-Covered Services

In accordance with the Medicare Act, Section 842 (i), this letter is to advise you that Medicare will only pay for services that it determines to be "reasonable and necessary" under Section 862 (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 will NOT honor any corrective or maintenance chiropractic coverage.**

I have been notified by my chiropractic physician that in my case, Medicare is likely to deny payment for the services described above except for the adjustment of the spine, for the reasons stated. I agree to be personally responsible for payment according to the above explained fee schedule.

Signature: _____

Date: _____

Printed Name: _____