

MEDICARE GUIDELINES FOR PHYSICAL THERAPY



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Medicare guidelines require your participation to allow us to provide you with the most effective care.

Medicare claims for physical therapy require a physician's prescription/referral.

After the first 30 days of physical therapy care you **must** obtain an updated referral/treatment plan.

Your therapist will send a progress report to your physician to seek authorization for continuation of care. Your physician must **sign and date** the progress note for the continuation of care and will return it to our office via fax.

I understand that if I do not comply with the above, that Medicare will not pay for services rendered and that I will be personally responsible for those dates of service.

We realize that these require additional effort and time. However, your claim will be denied if we do not comply with these requirements.

We appreciate your help in assisting us to meet these guidelines for the continuity of your care and to ensure the best outcome.

If you have any comments regarding these guidelines, please direct them to your therapist at the Center for Spine and Sport Rehab.

Thank you in advance for your cooperation!

Signature of Patient or Personal Representative

Date