

MEDICARE PATIENTS ONLY

EXPLANATION OF NON-COVERED MEDICARE SERVICES

Dear Patient:

In accordance with current Medicare regulation, this is to advise you that Medicare will not reimburse for your initial examination, x-rays and any supports, supplements, etc. that may be needed during your recovery process. All non-covered services will be charged directly to you.

Medicare will reimburse 80% of ALLOWABLE charges after a \$124.00 yearly deductible has been met.

At this time, Medicare considers only the spinal manipulation a covered (allowable) service. The following are considered non-covered services and are not reimbursable by Medicare:

Examinations	Nutritional Supplements	Dietary
Spinal Graphs	Spinal Braces and Supports	Recommendations
X-Rays	Cervical Pillows	Wellness or
Intersegmental Traction	Low Back Pillows	Maintenance Care
Specialized Adjusting Techniques	Patient Education Videos/Books	Extremity Adjustments
Rehabilitative Exercises	P.T. or Ancillary Procedures	Other _____

All doctors have been instructed to ask the following questions of all Medicare patients.

1. Do you or your spouse work for a company that provides you with health insurance? Yes ___ No ___
2. Are you entitled to Medicare because of End Stage Renal Disease? Yes ___ No ___
3. Is the illness or injury the result of an accident or illness that occurred at work? Yes ___ No ___
4. Is this illness or injury the result of an accident or other injury? Yes ___ No ___
5. Has the treatment for this accident or illness been authorized by the Veteran's Administration?
Yes ___ No ___
6. Are you entitled to any benefits under the Federal Black Lung Program? Yes ___ No ___
7. Do you have a Medicare Medigap Policy? Yes ___ No ___
Name of Company _____
8. Do you have a Medicare Supplement Policy? (Policy provided by employer you retired from)?
Yes ___ No ___

I understand that I am responsible for payment of all non-covered services, whether or not Medicare deems those services necessary or reasonable. A copy of this explanation is available upon request.

Patient

Date

Witness

Date