



CASCADE CHIROPRACTIC

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WOODY BERNARD D.C.

PATIENT NAME: _____ DATE: _____

AS OF SEPTEMBER 1, 1990, MEDICARE HAS MANDATED THAT ALL DOCTORS SEND MEDICARE FORMS DIRECTLY TO THE MEDICARE OFFICE.

AS OF JANUARY 01, 2003 OUR OFFICE IS A NON-PARTICIPATING MEMBER OF MEDICARE. THIS MEANS **YOU WILL BE RESPONSIBLE FOR PAYMENT OF SERVICES AT THE TIME OF SERVICE**. WE WILL CONTINUE TO PROCESS YOUR CLAIM AND MEDICARE WILL REIMBURSE YOU DIRECTLY.

Medicare does cover chiropractic care, but it has limitations.

1. Medicare **does not cover** the cost of x-rays if performed in a chiropractor's office.
2. In **most cases** Medicare covers a **percentage** of chiropractic manipulations of the spine, but **does not cover** therapy, supports, supplements, x-rays, examination or other services offered in a chiropractic office.
3. Medicare or your Medicare carrier **usually** allows a **limited** number of office visits per occurrence (an occurrence is a condition that initiated the need for chiropractic care). The number of visits can be determined by the type and severity of the condition. The patient is responsible for the charges on any visit exceeding any Medicare limits.
4. Medicare or your Medicare carrier covering your case may also rule that the type of treatment, **in their opinion** was "**not medically necessary**." You as the patient need to understand that the chiropractic office or the provider has no control over the decisions made by the Medicare carrier. In fact, the chiropractic office or the provider does not learn of the denial of your claim until several treatments have already been rendered. If this should happen, **and we feel care is needed**, we will discuss your case with you on an individual basis to help resolve this matter.
5. Medicare has limited maintenance therapy. Medicare has defined maintenance therapy as; a treatment plan that seeks to prevent disease, promote health and prolong and enhance the quality of life, or therapy that is performed to maintain or prevent deterioration of a chronic condition is **not a Medicare Benefit**. Once the maximum therapeutic benefit has been achieved for a given condition, ongoing maintenance therapy is **not** considered to be medically necessary under the Medicare program.

PLEASE READ AND SIGN BELOW

I UNDERSTAND THE LIMITATIONS DESCRIBED AND FULLY REALIZE THAT I COULD BE DENIED REIMBURSEMENT BY MEDICARE FOR ANY REASON LISTED ABOVE. I ALSO UNDERSTAND THAT WHEN SPINAL MANIPULATIONS ARE COVERED, EACH OCCURRENCE MIGHT BE COVERED FOR A LIMITED NUMBER OF VISITS PER OCCURRENCE AND ANY OTHER TREATMENT PAYMENT WILL BE MY PERSONAL RESPONSIBILITY.

I ALSO UNDERSTAND THAT AS OF SEPTEMBER 1, 1990, MEDICARE MANDATES THAT ALL DOCTORS SEND THE MEDICARE FORMS DIRECTLY TO THE MEDICARE OFFICE. I HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION ACQUIRED IN THE COURSE OF MY CASE HISTORY, EXAMINATION OR TREATMENT TO THE MEDICAL OFFICE, ANY DOCTOR, INSURANCE COMPANY OR ATTORNEY. MY SIGNATURE WILL ALSO SERVE AS MY "SIGNATURE ON FILE" AND VERIFY ANY INFORMATION I HAVE GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Patient's Signature _____