

HERR CHIROPRACTIC CENTER

4599 Cemetery Rd., Hilliard, OH 43026
(614) 876-1113 (p) ~ (614) 876-7016 (f)

Important Information for Medicare Patients

Chiropractic Benefits are Available from Medicare but There are Limitations

PARTICIPATING PHYSICIAN

Ohio State Chiropractic has agreed to become a participating office with Medicare. Thereby we agree to accept assignment on Medicare eligible services.

MEANING OF ASSIGNMENT

Ohio State Chiropractic agrees to accept the Medicare approved charge as payment in full for Medicare eligible services. Medicare will send the checks directly to the Center for Holistic Medicine. **Patients are responsible for deductible, co-pay, and non-covered service amounts.**

SERVICE MEDICARE PAYS FOR

The only Medicare eligible service is manual manipulation of the spine for correction / treatment of subluxation demonstrated on x-ray or through physical exam. There are three levels of Chiropractic Manipulation Service (CMT); service level is based on the number of spinal regions treated.

SERVICES MEDICARE DOES NOT PAY FOR

In order to determine the extent of your condition, and the type of treatment needed, our doctors will consult and examine you. **Medicare will NOT reimburse you for:** x-rays, evaluation and management (office visits / examinations), and consultations provided by a chiropractor.

Our doctors may determine that certain physical therapy, vitamins, supports and supplies may be necessary to treat your condition. **Medicare does not reimburse** for these services when provided by a chiropractor. **The patient is responsible for payment of these services.**

Manipulation of non-spinal regions is also considered a non-covered service and is the patient's responsibility.

Medicare does not pay for treatment considered maintenance therapy.

MEDICAL NECESSITY

Manual manipulation will be screened by Medicare for medical necessity. Screens occur if the frequency of services exceeds the acceptable chiropractic standard for your condition. Documentation and/or a statement of medical necessity will be submitted to determine if additional treatment is necessary. Our doctors will discuss treatment recommendations with the patient.

Patients will be provided with advance notice when a Medicare covered service may be reduced or denied and asked to accept the financial responsibility for these before services are rendered and charges are incurred. If Medicare determines further treatment is not "reasonable and necessary" for your condition the patient will be responsible for treatment charges.

APPEALS

Ohio State Chiropractic will appeal, on the patient's behalf, denials of Medicare eligible services, when we dispute Medicare's determination of medical necessity or believe additional information will allow payment for the service of Medicare.

SECONDARY INSURANCE

Our office will call and verify the type of benefits payable for chiropractic services on insurance coverage other than Medicare. This information will be reviewed with you. Most "Medicare supplements" only supplement payments for Medicare eligible services.

DEDUCTIBLE AND CO-PAY

Medicare requires a \$162.00 yearly deductible. The patient may use Medicare eligible services from any doctor's office to meet this deductible. The only eligible chiropractic service that can be used is manual manipulation of the spine.

Medicare will pay for 80% of the allowed charge for manual manipulation of the spine. This payment will go directly to the doctor.

Patients are responsible for the 20% co-insurance and all non-covered services charges at the time of service.

I, _____ understand the explanation of chiropractic Medicare coverage outlined above. Furthermore, I understand and agree that I am personally responsible for payment of deductibles, co-payments and non-covered services.

Signature

Date