



## RELEASE OF INFORMATION

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to obtain authorization before releasing written or verbal information regarding any patient. Please fill out the below form accordingly. We thank you for your help and understanding.

I, \_\_\_\_\_, authorize SPINE & SPORT and its staff to release information regarding my condition to the following people:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Please include everyone's name that you are allowing for us to release information to including, but not limited to: spouse, child, physicians (other than referring), relatives or friends. If the name is not listed above, we are unable to speak to or release information to them.

## MEDICARE

SPINE and SPORT accepts Medicare patients. We are a non-participating Medicare provider and, as such, we do not get paid directly by Medicare. We will submit your claim and Medicare will pay/reimburse you directly. We are subject to certain limitations. There is a cap on the amount Medicare may reimburse you for physical therapy services provided to you in a calendar year. Please advise us if you have already received physical therapy elsewhere this year. In accordance with Medicare Policy, please complete the attached **Advance Beneficiary Notice Of Noncoverage (ABN)**.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

## LIFETIME MEDICARE PART B SIGNATURE AUTHORIZATION

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers, or to the billing agent of Spine & Sport any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to myself.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Medicare Number \_\_\_\_\_

## ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

**NOTE:** Medicare does not always pay for everything, even some care that you or your health care provider have good reason to think you need. We feel you should be informed. Here is what you should know:

<b>What may not be covered:</b>	<ol style="list-style-type: none"> <li>1. Medicare pays a maximum (or Cap) of \$1,840.00 for physical therapy and speech language pathology combined. The services you receive at SPINE &amp; SPORT are covered by Medicare subject to the Cap limit.</li> <li>2. Medicare will only reimburse for services that are deemed “medically necessary.” If you are not restricted in your functional abilities and if you are able to participate in recreational activities such as golf, Medicare may not reimburse for physical therapy services.</li> </ol>
<b>Reason Medicare May Not Pay:</b>	Medicare will not pay for physical therapy and speech language pathology services over \$1,840.00 in 2009. In addition, Medicare may not reimburse for care rendered after lapses in treatment unless medically justified.
<b>Estimated Cost:</b>	Any cost in excess of the \$1,840.00 Cap is your responsibility. You must advise us if you have already utilized physical therapy services this year. We will monitor our charges and keep you informed of where you stand with regard to the Cap while under our care.

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below.

<b>Options:</b>	<b>Check only one box. We cannot choose a box for you.</b>
<p><input type="checkbox"/> <b>OPTION 1.</b> I want to proceed with my treatment at SPINE &amp; SPORT. I understand I will be required to pay SPINE &amp; SPORT at the conclusion of each of my treatment sessions, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, <b>I can appeal to Medicare</b> by following the directions on the MSN.</p> <p><input type="checkbox"/> <b>OPTION 2.</b> I want to proceed with my treatment at SPINE &amp; SPORT, but do not bill Medicare. I will pay you at the conclusion of each of my treatment sessions as I am responsible for payment. <b>I cannot appeal if Medicare is not billed.</b></p> <p><input type="checkbox"/> <b>OPTION 3.</b> I don't want to be treated at SPINE &amp; SPORT. I understand with this choice I am <b>not responsible for payment</b>, and I cannot appeal to see if Medicare would pay.</p>	

**Additional Information:** This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, please call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You will also receive a copy.

Print Name:	Medicare Number:
Signature:	Date:

