



Explanation of Medicare Benefits

Acct #: _____ Date: _____

CORE Provider: _____

For office use only

Patient Name: _____ Date of Birth: _____

The CORE Institute is a Medicare participating provider. Reimbursement for physical therapy services is 80% of the Medicare allowed amount.

The remaining 20% is the patient's responsibility. If you have a secondary insurance we will bill one second or supplemental insurance as a courtesy. Please be aware that payment may be denied for services, as we are not contracted with all secondary insurances. If you do not have a secondary or supplemental policy, payment is due after Medicare has processed your claim. Any amounts not covered by a second or supplemental policy will become the patient's responsibility.

Medicare requires patients to follow up with their referring physician every 30 days. It is the patient's responsibility to obtain a new prescription from their physician.

It is extremely important for you to inform us if you have had any therapy within the past 60 days or any type of Home Health Services as Medicare will not pay for outpatient physical therapy services during the course of any Home Health services.

Have you had any type of physical therapy within the last year? Yes No

Have you had any services this year by any Home Health Agency? Yes No

I understand and agree to the above information.

Patient Signature: _____ Date: _____

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Patient Name: _____ has used _____ physical therapy benefits and _____ occupational therapy benefits for the year _____ Patient has met \$ _____ out of \$ _____ of their deductible.