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## **Medicare and Medicare Advantage Patients**

Our practice is a Participating Provider with Medicare. That means you'll pay any unmet deductible amount for the calendar year, plus 20% co-payment for **covered** chiropractic adjustments. Medicare **ONLY** covers the cost of chiropractic adjustments designed to help correct vertebral subluxation. This is when bones of the spinal column lose their normal motion and position, which results in symptoms and functional limitations. We will bill Medicare and any supplemental insurance. Please inform the front desk if your medical insurance has changed.

### **THE EXAMINATION**

An examination is necessary to identify the presence of vertebral subluxation and Medicare does require this exam; however, Medicare does not pay for the cost of the exam or any needed X-rays. If you have an exacerbation of your current condition or a new condition arises, please let us know when you schedule because an updated exam will be necessary.

### **MEDICAL NECESSITY**

For Medicare to pay for your adjustments, they must be "medically necessary." That means:

1. Your adjustments must relate directly to your specific health complaint,
2. Your adjustments must hold the promise of making functional improvements, and
3. You must follow your chiropractor's specific plan for active treatment.

### **FUNCTIONAL IMPROVEMENT**

Instead of judging your progress simply by how you feel, Medicare wants to see improved function. That means a restored ability to turn, bend, walk, sleep and generally perform your daily activities. We will ask you questions about these activities and ask you to fill out a form to keep track of your progress.

Once improvement stops, Medicare coverage stops. That's because they consider further care to be maintenance care and expect you to self-pay.

### **MAINTENANCE CARE**

Medicare does not pay for chiropractic care to maintain your progress or help prevent problems. While most patients see the wisdom of some type of wellness care, Medicare does not pay for it. Recognizing the value of protecting their improvement, many opt to self-pay.

### **EXCLUDED SERVICES**

Medicare will only pay for services that it determines to be "reasonable and necessary". Please read and sign the Medicare Advance Notice Agreement on the back of this form that lists the services that are not covered in our office.

We look forward to showing you ways to get well and stay well—naturally—without drugs or surgery.



## MEDICARE ADVANCE NOTICE AGREEMENT

This is to certify that I understand:

Medicare will only pay for services that it determines to be "REASONABLE AND NECESSARY" under section 1862-A-1 of the Medicare law.

I have read the above and clearly understand the following services are **NOT COVERED** by Medicare:

- Examinations
- Exercise Rehabilitation & Supplies
- Extremity & Cranial Adjustments
- Laser Therapy
- Neuromuscular/deep tissue massage
- Nutritional Supplements
- Pillows
- Shockwave Therapy
- X-Rays

I further understand that I am responsible for payment of all services whether Medicare deems them reasonable or necessary. Medicare does not pay for Chiropractic Maintenance Care. We will ask you to sign an Advance Beneficiary Notice of Non-Coverage (ABN) for all maintenance care.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_