MEDICARE PATIENTS OF DR. TREVOR BERRY

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/C ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: If Medicare does not pay for the treatment below, you may have to pay.

Medicare does not cover all services provided in this office. Medicare ONLY covers spinal manipulation. You may require or want non-covered services that you will be responsible for payment out-of-pocket. These services may include examinations, re-examinations, x-rays, massage, stretching, rehabilitation, physiotherapy modalities such as ice, heat, laser, TENS, Micro and EMS. Dr. Berry must perform an examination to treat your condition. BY SIGNING ANY OF THE OPTIONS BELOW YOU AGREE TO AND UNDERSTAND THAT YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE EXAMINATION AMOUNT AS A NON-MEDICARE COVERED CODE. WHAT YOU NEED TO DO NOW:

Ask us any questions that you may have after you finish reading so you can make an informed decision. Choose an option below about whether to receive the treatment listed above.

NOTE: We may help you to use any other insurance you might have, but Medicare cannot require us to do this. Most often secondary insurances do not cover non-Medicare covered services either.

OPTIONS: Check only one option. We cannot choose a box for you.

\_\_ OPTION 1. I want any treatment listed above as necessary and Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare DOES NOT pay, I am responsible for payment, but I can appeal Medicare by following the directions on the MSN. If Medicare does pay, we will refund any payment you have made, less co-pays, non-covered codes/modalities or deductibles. I may be asked to make full, partial, deductible or co-payment now to Dr. Berry.

\_\_ OPTION 2. I want the examination and spinal manipulation only and services to be billed to Medicare. Again, I am responsible for co-pays, deductibles and full payment should Medicare deny services based on lacking medical necessity. You can appeal denial of claims to Medicare.

REMINDER: Either option requires Dr. Berry to perform an examination which you will be responsible for payment. Should you have a new condition or require a re-examination you will also be responsible.

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

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_