

## 2018 MEDICARE GUIDELINES

We realize that negotiating the Medicare system can seem daunting. In an effort to provide you with optimal service we would like to make you aware of Medicare's rules for outpatient physical therapy.

- The annual limit for outpatient physical therapy and SLP therapy (speech language pathology) for 2017 is \$2010, which we **estimate** to be approximately 15 visits at Thrive. This includes one evaluation appointment.
- Medicare claims for physical therapy **require** a prescription/referral from a physician. The prescription is good for 30 days.
- Medicare requires your physician to certify a Plan of Care. Your therapist will send your physician an Evaluation Report including a Plan of Care for him/her to sign and return to Thrive.
- After 30 days or 10 visits, your therapist will send a progress report to your physician. After 30 days you will also be required to obtain an updated prescription from your physician for continued treatment.

We appreciate your assistance in helping us to meet the aforementioned guidelines. Compliance with the Medicare guidelines will ensure that you are properly reimbursed for our services.

If you have any questions regarding the course of your care please bring it to the attention of your therapist. If you have questions about the expiration of your prescription or visit allowance, please ask the front desk staff.

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Patient Signature

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Date