

**MEDICARE NOTICE REGARDING HOME HEALTH**

**Have you had any medical services of any kind provided in your home this year?**

If yes, prior to receiving Part B physical therapy treatment at Cahill Physical Therapy, Inc, you must provide the termination date reported to Medicare Part A by the Home Health agency that provided the service. Home Health services are a Part A benefit and Medicare will not pay for Part A and outpatient Part B benefits at the same time. In order to prevent unexpected patient financial liability, we will verify all home health contract termination dates.

If you have not received any home health services this year, you understand that Medicare will not cover Part A Home Health services and Part B outpatient physical therapy services at the same time. If you receive Home Health services while receiving treatment at Cahill Physical Therapy, Inc, you acknowledge that you will be responsible for all charges not paid by Medicare due to a Home Health care denial. If Medicare pays and then retroactively denies the claim due to Home Health care denial, you will be responsible for any payments refunded to Medicare.

By signing and checking below, you acknowledge your full understanding of this process and that any questions have been answered to your satisfaction.

I have **not received** any home health care this year from any provider or equipment vendor.

I **have received** home health services this year from a medical provider or equipment vendor. I am aware that I will be responsible for any charges or denials not covered by Medicare as they will not reimburse for both Home Health and outpatient services simultaneously. I agree to provide the date that home health services were terminated to Cahill Physical Therapy, Inc so my coverage may be verified.

**Date Terminated:** \_\_\_\_\_

Patient Name (Print) \_\_\_\_\_

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