2018 MEDICARE OUTPATIENT THERAPY EXPLANATION

To all our Medicare patients at IvyRehab,

Beginning January 1, 2018 there will be a **threshold of $2010 per year** for PT and Speech-language pathology together. A separate threshold of $2010 per year is allowable for Occupational Therapy Services.

*Medicare will pay out of 80% ($1,608) of their allowable charges ($2010) and you: the patient is responsible for your annual deductible of $183 and the 20% coinsurance of $219.*

Please keep in mind **not** all secondary policies will cover the deductible, coinsurance of 20% or additional visits after the threshold has been reached for 2018.

During your treatment period at **IvyRehab**, please check with the front office to make sure you are not going over your therapy allowance. **IvyRehab** has put in place a pre-determined amount of visits that will give you the patient, a comfort level to be able to make informed decisions whether to continue physical therapy according to your financial ability.

There are certain insistence that may allow for coverage beyond the threshold. Your therapist will make that determination and advise you accordingly. If your PT does not see additional treatment necessary beyond the threshold amount you will be given the option of continuing physical therapy at a self pay rate of $75.00 per visit.

For clarification on your secondary policy benefits, please contact your carrier or please feel free to contact our Central Business Office regarding your benefit and financial obligations at: **1-866-IvyRehab**

Each beneficiary who uses therapy services will find the total dollar amount that was approved and paid toward the threshold on each Medicare Summary Notice sent to you by Medicare, that reports payment for therapy services. Beneficiaries: call 1-800-MEDICARE with questions.

Please sign and date this form that you have been informed of **IvyRehab’s** policy regarding the Medicare Procedure for 2018.

**Patient Name:**

**Patient Signature:** __________________________  **Date:** _________________