

Notice To Medicare Patients

Medicare will only pay for service that they determine to be “reasonable and necessary” under section 1862(a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not “reasonable and necessary” under Medicare program standards, they will deny for that service. I believe that in your case, Medicare is likely to deny payment for the following services/products:

Examinations, X-rays, clinical lab studies, physical therapy, nutritional supplements, braces or supports, diagnostic procedures, traction supplies, or other services besides the spinal adjustments for the following reasons:

THE ONLY CHIROPRACTIC SERVICE THAT MEDICARE WILL REIMBURSE IS MANUAL MANIPULATION OF THE SPINE TO CORRECT A SUBLUXATION.

Medicare will not pay for the exams or x-rays.

Our charge for neck x-rays is \$33.00, for back x-rays \$35.00 and for both \$68.00.

If your condition requires more treatments than the guidelines permit, Medicare will most likely deny reimbursement of benefits. Medicare will not pay more than allowed by their prevailing rate charges (maximum allowed charge) and we cannot charge more than that amount.*

I have been notified by my chiropractor that he believes that, in my case, Medicare is likely to deny payment for services identified above, for reasons stated. If Medicare denies payment, I understand that I may be personally and fully responsible for payment.

I authorize and direct that payment be made directly to Dr. Andre A. Broussard, DBA Broussard Clinic of Chiropractic, Inc. at 6701 Aberdeen Avenue, Suite 7, Lubbock, Texas for any and all insurance benefits or reimbursements for services rendered by him which amounts would otherwise be payable to me under any insurance or pre-paid health care plan. This authorization and assignment is specific and irrevocable. A photocopy of this agreement shall be valid and have the same effect as the original.

() assignment accepted

() assignment NOT accepted

If assignment is accepted by the physician, as a Medicare patient, I will be responsible to pay a deductible amount of \$131.00 and 20% co-payment of allowable charges (Medicare approved) and any amounts for procedures listed above which Medicare does not cover.

Medicare supplement policies, Medigap, and/or major medical policies may be affected by Medicare denials.

Signed: Beneficiary (Patient)

Signed: Physician

Date: _____

Date: _____

*Due to Medicare regulations the prevailing rate or limiting charge for this office is: 1-2 spinal regions adjusted: \$21.97, 3-4 spinal regions adjusted: \$30.32, and 5 spinal regions adjusted: \$40.11. The usual and customary fee charged by this office is \$47.00, thus, by accepting a Medicare patient, this office is required to reduce its normal fee by the corresponding amounts.