

M I R T S C H I N G D . C .
D E W A Y N E M .
DOCTOR OF CHIROPRACTIC

NOTICE TO MEDICARE – PART B BENEFICIARIES

Advance Notice of Non-Covered Services

**PLEASE BE AWARE OF THE FOLLOWING MEDICARE REGULATIONS
CONCERNING CHIROPRACTIC CARE**

In accordance with the Medicare Act, Section 1842 (l), this letter is to advise you that Medicare will only pay for services that it determines to be “reasonable and customary” under Section 1862 (A)(l) of the Medicare Act. If Medicare determines that a particular service, although it would otherwise be covered, is not “necessary,” under Medicare program standards, Medicare will deny payment for that service.

Medicare limits chiropractic reimbursement to manual manipulation. Reimbursement is base on medically necessary correction care only; Medicare does not cover maintenance care.

Medicare **DOES NOT** reimburse for charges of exams, x-rays, therapy, supplements or supports from a chiropractor.

X-rays may be required to update your condition should a new course of treatment be initiated.

Medicare patients will be responsible for deductible amounts, non-covered charges and any denied visits.

Medicare Supplemental Policies and/or Major Medical Policies may be affected by Medicare denials.

I have read and understand the limitations of my Medicare coverage and the effects it may have on any supplement or secondary policies. I am aware that I will be responsible for any charges that Medicare denies or deems over “reasonable and necessary.”

Patient Signature

Date

Patient Name Printed