

Medicare Secondary Payer (MSP) Form

Patient Name: _____

Clinic Name: P.T. Services Rehabilitation, Inc.

Medicare Number: _____

Provider #: _____

Date: _____

1. Do you receive Veteran's benefits? Yes No
2. Are you receiving benefits under the Black Lung Program? Yes No
If yes, date benefits began _____
If yes, are the services you will be receiving related to a non-black lung condition? Yes No
3. Was this injury/illness due to a work related accident/condition? Yes No
If yes, date of injury/illness _____
4. Was this injury/illness related to an automobile accident? Yes No
If yes, date of accident _____
5. Was this injury/illness related to an accident in which you intend to file a liability suit or litigation is pending? Yes No

If yes, please provide: Attorney's name: _____
Address: _____
Phone number: _____

6. Are you entitled to Medicare based on: Age (65 & over) – go to question 7
 Disability – go to question 7
 End Stage Renal Disease
Do you have group health plan (GHP) coverage? Yes No
Are you within the 30-month coordination period? Yes No

7. Are you currently employed? Yes No Date of retirement _____
- a) Is your spouse currently employed? Yes No Date of retirement _____
- b) Do you have a group health plan (GHP) as primary coverage based on your own or a spouse's current(or former) employment? Yes
No
- c) Does the employer that sponsors your GHP employ 20 or more employees? Yes No

If you answered Yes to questions #3, #4 or #7 above, please complete the following information:

Insurance Co: _____

Address: _____

Policy/Cert #: _____

Group name & #: _____

Patient's name

Date

Responsible party

Relationship



Date of Evaluation: _____

Medicare Financial Limitation Notification Form

Effective January 1, 2019 the Center for Medicare and Medicaid Services (CMS) implemented a Financial Limitation, (or Cap), totaling \$2040.00 for Medicare Part B outpatient services for Physical, Occupational and Speech therapy services.

The purpose of this notice is to help you make an informed choice about whether or not you wish to continue to receive outpatient Physical, Occupational, or Speech therapy, after the Medicare financial limitation has been met, knowing you may be financially responsible for these services.

CMS's financial limitation (Cap) will be applied in the following manner for your outpatient rehabilitation services:

- **Physical and Speech Therapy share one \$2040 financial limitation for both therapies combined.**
- **Occupational Therapy services have a separate \$2040 financial limitation.**
- **The 2019 full cap amount of \$2040 applies to the 12-month period of January 1, 2019 to December 31, 2019.**

Medicare will subtract your deductible and co-insurance from the \$2040 cap and pay \$1632, or 80%. The 20% co-insurance, or \$408, will be paid by you or a supplemental insurance you may have. These limits are based off the Medicare fee schedule allowed amount after your deductible has been met. The cap will be based on services paid by Medicare at the allowable rate, not the provider's charges.

As Medicare providers, we are obligated to inform you of this financial limitation and Medicare's determination that once the financial limitation for Physical, Occupational, and/or Speech therapy benefit is met as described above, you will be financially responsible for any services provided, unless you qualify for a Cap exception as outlined below. As a courtesy, we will track the services you receive from us and notify you when the amount is close to meeting Medicare's financial limit. This will allow you to make an informed consumer decision regarding whether or not you want to continue therapy services and accept financial responsibility for the cost of any appropriate medically necessary continued care provided.

The financial limitation is your 2019 annual Medicare insurance benefit, regardless of which non-hospital based therapy providers deliver the service. If you have received Physical, Occupational, or Speech therapy prior to attending therapy at our center, please be aware that those services will be included in your financial limitation total. ***Please assist us in ensuring you stay within the cap limits by informing our Patient Service Specialist of any Physical, Occupational, or Speech therapy services you have received beginning the first of the year and today.*** We will be sure to include any self-reported amount in your beginning balance and notify you when you have reached the cap at our facility so you may make an informed decision about continuing care that is medically necessary beyond the financial limitation.

Medicare Therapy Cap Exceptions

Congress has made provisions for exceptions to the Medicare Cap for which you may qualify when therapy services beyond the financial limitation (cap) are medically necessary. Your therapist will discuss your status with you as you near the cap. If you have already exceeded your financial limit (cap) for the calendar year, your therapist will discuss your ability to qualify for further treatment under an exemption after your evaluation or re-evaluation is performed. Keep in mind, not all patients qualify for an exception and will be financially responsible for continued care beyond the financial limit when you do not qualify for an exception. Ask our staff what the estimated cost of items and services will be in the event that you do not qualify for an exception.

Patient Signature

Date

This notice was adapted from CMS's "Notice of Exclusion from Medicare Benefits" form and is not an all inclusive list of excluded Medicare benefits. This notice pertains to Medicare's financial limitation and excluded benefits beyond Medicare's Therapy Cap.