

Medicare Waiver of Liability Form

Supplier's Notice: Medicare will only pay for services that it determines 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, Medicare will deny payment for that service. I believe that in your case, Medicare is likely to deny payment for x-rays, physiotherapy, lab fees, supports and braces, and nutritional therapy.

Because of this ruling you are required to provide signature verification that you understand the above law each time you come to our office for health care. In addition, you must also agree to be responsible for any services provided by this office which Medicare determines to be "not reasonable and necessary".

Our office will be accepting you under the Medicare program. This means that we have agreed to accept Medicare assignment for you. Under the assignment, we have agreed to accept what Medicare allows as our full charge **for service covered by Medicare**. This letter will help you understand what this means to you.

Medicare, at this time, ONLY allows payment for manipulation by a Doctor of Chiropractic. In order for the manipulation to qualify as an allowable charge, x-rays or the Medicare P.A.R.T Exam is required. However Medicare **Does Not Pay** for the x-ray or exam. In addition, Medicare **Does Not Pay** for other services or maintenance for these charges in full, if they are necessary; and will be asked to sign a waiver at each visit.

Medicare will pay 80% of the allowed charge. Your co pay will be 20% of allowed charge. If your deductible has not been met, Medicare will apply 80% of covered services toward the deductible. You will pay our office the portion applied to your deductible and any non-covered services.

We are very concerned about your health and our delivery of quality chiropractic care at reasonable cost. If you have any questions feel free to ask any of the office staff.

Beneficiary's Acknowledgement & Agreement to Pay:

My supplier has notified me that he or she believes, that in my case Medicare is likely to deny payment for the services identified above. If Medicare denies the payment, I agree to personally and fully responsible for payment.

Patient's Signature

____/____/____
Date

*General statements such as "I never know if Medicare will deny payment" are not acceptable. The Medicare Part B beneficiary or his or her representative has the right to appeal a claim decision if there is dissatisfaction with the amount of payment, denial of coverage for services or supplies, or if the original claim was not acted upon within a reasonable time. The supplier has the right to appeal a claim decision when he or she accepted assignment. As a supplier providing items and services to Medicare beneficiaries, you may appeal an initial determination if (1) you accepted assignment on the claim or (2) you are acting as the duly authorized representative of the beneficiary.