

# Fogarty

## Chiropractic Life Clinic



LASTING PURPOSE

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### MEDICARE EXPLANATION SHEET

In order to better understand how Medicare works, our clinic has prepared this explanation for you. Please read it over carefully, as it will probably save you some misunderstanding. If you still have any questions after reading this sheet, please feel free to ask one of our staff.

#### MEDICARE PAPERWORK:

1. On your first visit, one of our staff will ask to see your Medicare card. This gives us the basic information we need to process your Medicare.
2. You will be asked to sign an "Assignment of Benefits" sheet from our clinic. This gives us permission to bill Medicare directly for payment. Without this you would be required to pay the entire bill in full at the time services are rendered.
3. You will be required to fill out a neck and back Bournemouth Questionnaire on your initial visit and every 30 days after that.
4. Each calendar year, running from January 1<sup>st</sup> to December 31<sup>st</sup>, Medicare requires that you meet a \$183.00 deductible with any health care provider. If you have submitted any doctor bills this year, we will need you to bring in the return statement that Medicare has sent to you in the mail. This is called an "Explanation of Benefits." This sheet is the only way we have of verifying that you have met your Medicare deductible for this year. If, of course, your deductible has not been met when you start care with us, you will have to meet it with our clinic.

#### WHEN YOU START CHIROPRACTIC CARE:

When you first start care in our clinic you will need to have both a spinal examination and spinal x-rays to determine the exact nature of your problem. This is an integral part of your care here in our clinic. Even though both this clinic and Medicare require these services, Medicare unfortunately will not pay for these services, nor will they apply them towards the deductible. Thus, both the examination and the x-rays remain your responsibility. If you are a returning patient to this clinic or someone who wishes to submit qualified visits to Medicare, Medicare requires an examination be performed on a yearly basis and x-rays be performed every 3 years to determine the presence of a subluxation to necessitate care.

#### THE ADJUSTMENTS:

The only service Medicare will pay for in a chiropractor's office is the adjustment visit. Medicare will only pay for visits that are considered "acute" in nature and will not pay for visits that they consider "chronic/maintenance". Your Medicare carrier interprets acute as an "exacerbation (aggravation) of a chronic condition or a new injury documented by examination and/or x-rays." Our clinic will only file adjustment visits which will be reimbursed by Medicare for the acute phase of care. It does not mean that your health does not require additional coverage. It means that Medicare will not pay for care that they consider maintenance and will only pay for enough care to get you started. Traditionally, an acute condition is resolved within 3 months. However, this is not a guarantee for benefits, so you must pay attention to your

Medicare Explanation of Benefits and make us aware of any changes or conflicts. Medicare denying payment for a service does not mean the service is not medically necessary; it means

that it does not qualify for "acute care" reimbursement. It is still your responsibility to provide payment for service provided. We always have documentation of "medical necessity" for the services you receive, in the event you wish to dispute a denial with the Federal Government and the Medicare Bureaucrats.

**HOW MEDICARE CONSIDERS ADJUSTMENT VISITS:**

1. Our normal adjustment visits range from \$35.00 to \$60.00, depending on the amount of regions being adjusted.
2. We are under contract with Medicare for a reduced fee, which Medicare determines each calendar year.
3. Medicare pays 80% of the Medicare set amount and you are responsible for 20% of this same amount, once your deductible is met for the year.
4. If you have not met your calendar year deductible, you must meet it at the full fee set by Medicare until you have reached the \$183.00 total deductible.
5. By law we must submit a charge to Medicare for our normal fees. You will see this fee on your Explanation of Benefits that Medicare will send you with their deductions indicated.

**\*\*NOTE:**

Our clinic will only file your secondary insurance if it is an approved Medigap participant. These insurance companies can be found in the Medigap listing booklet, which is located in our office. If they are not listed, we cannot file for you, leaving this responsibility up to you.

We hope this information will help avoid any confusion so that your care here will be both helpful and healthful. Our clinic will do its utmost to keep you informed of Medicare's ever-changing policies. If you feel the Medicare system is unjust, please write to your Congress person and air your views to them, as they are the ones who can change Medicare's policies with your feedback.

I have read the above information and understand that there may be some services rendered in this office which Medicare may not pay for. I understand I will be responsible for any services Medicare does not pay for, and I authorize the doctor to provide care for me. I further state that the only services that I request to be sent to Medicare are those which are acute in nature.

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Signature

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Print Name

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Today's Date