

DiSalvatore Chiropractic

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IMPORTANT INFORMATION FOR MEDICARE PATIENTS

CHIROPRACTIC BENEFITS ARE AVAILABLE FROM MEDICARE BUT THERE ARE LIMITATIONS

PARTICIPATING PHYSICIAN

As participating physicians with Medicare, Dr. DiSalvatore and Dr. Davis agree to accept assignment for Medicare covered services. The doctors will bill Medicare for covered services and accept the Medicare approved amounts as payment in full. Medicare will send the checks directly to the doctor. Patients are responsible for the deductible, co-pay, and services Medicare does not cover.

MEDICARE COVERED SERVICES

The only chiropractic service eligible for Medicare payment is manual manipulation of the spine to correct a subluxation. There are three levels of Chiropractic Manipulative Therapy (CMT) determined by the diagnosis and the number of spinal regions treated.

SERVICES MEDICARE DOES NOT COVER

In order to determine the extent of your condition and the type of treatment needed, Dr. DiSalvatore and Dr. Davis will consult and examine you to arrive at a diagnosis. Examination may include x-ray or other tests at the clinical discretion of the doctor. Medicare requires documentation of subluxation by examination and/or x-ray to determine the medical necessity and eligibility for payment of CMT. Medicare does not cover these types of medically necessary services performed by a chiropractor. *The patient is responsible for payment of these services at the time of service.*

Dr. DiSalvatore and Dr. Davis may determine and recommend physical therapy, vitamins, supports and other supplies necessary to treat your condition. Medicare does not pay any portion of these services furnished by a chiropractor. *The patient is responsible for payment of these services at the time of service.*

Manipulation of non-spinal regions (extremities) is considered a non-covered service by Medicare and is the patient's responsibility.

Medicare does not pay for CMT considered maintenance care.

Medicare does not cover CMT considered not medically necessary.

MEDICAL NECESSITY

There are no specific treatment/visit limits on chiropractic care. The chiropractor should be afforded the opportunity to effect improvement or arrest or retard deteriorations of the subluxation within a reasonable and generally predictable period of time. Dr. DiSalvatore and Dr. Davis will discuss treatment recommendations with the patient. Visits are screened by Medicare to determine medical necessity, and payment for those services may be suspended until the treating doctor supplies additional information. Screens occur when the frequency or duration of visits exceeds the generally accepted guidelines for your diagnosis.

ADVANCE NOTICE

Medicare requires that a patient be provided with written Advance Notice when a Medicare covered service may be reduced or denied for medical necessity. The patient must sign the notice on each visit to accept the financial responsibility for these services before they are rendered and the charges are incurred. If Medicare determines the visit is not medically necessary for your condition, the patient is then responsible for payment.

REVIEWS, APPEALS, AND HEARINGS.

Dr. DiSalvatore and Dr. Davis will submit the documentation and/or a statement of medical necessity to Medicare for review when payment is suspended or denied by a screen. The doctor will appeal, on the patient's behalf, denials of Medicare covered services, when he disputes Medicare's determination of medical necessity or non-payment of services. The doctor may request a hearing to dispute continued non-payment upon appeal.

MEDICARE HMO

If you are a member of Medicare HMO, there may be additional requirements for coverage, such as primary care referral, in-network physician care, modification of deductible or co-pays, or no coverage of chiropractic services at all. The specifics of your situation will be discussed before services are rendered.

SECONDARY INSURANCE/MEDICARE SUPPLEMENTS

Most of these types of plans only supplement payments for Medicare eligible services. Medicare often automatically crosses over the information to the secondary insurance. Accurate processing of chiropractic services may require additional information.

ACKNOWLEDGMENT

I have read and understood the explanation of chiropractic Medicare benefits outlined above. Furthermore, I understand and agree that *I am personally responsible for payment of deductibles, co-payments and non-covered services.*

Name

Witness

Date