



Advanced Notice Medicare Beneficiary Agreement

The purpose of this notice is to help you make informed choices about whether or not you want to receive supplies or services knowing that **MEDICARE** may not cover them. Before you make a decision, you should read this entire notice carefully. **MEDICARE** will not pay for physical therapy and speech language pathology services over **\$1,840.00** in **2009**, also **MEDICARE** will not pay for occupational therapy services over **\$1, 840.00** in **2009**. By signing below you accept financial liability for any supplies or services over **\$1, 840.00**.

Also, **MEDICARE** has determined that particular services, although they would otherwise be covered, are not reasonable or necessary under **MEDICARE** program standards.

MEDICARE will deny payment for those supplies or services. In your case, **MEDICARE** will deny payment for supplies or services, including but not limited to:

1. Dressing changes
2. Hot and Cold packs

MEDICARE SUPPLEMENTAL and secondary insurances to **MEDICARE** will not pay for any service or supplies that are not covered by **MEDICARE**.

BENEFICARY AGREEMENT

My therapist has notified me that **MEDICARE** will not pay for services over **\$1,840.00** in **2009**. Also, **MEDICARE** will deny payment for the supplies and services including but not limited to those written above. I hereby understand that if I receive any supplies or services over **\$1,840.00** in **2009** that I will be personally and fully responsible for payment of supplies or services that exceed **\$1,840.00** for **2009**.

Beneficiary's Signature

Date

Beneficiary's Printed Name