



VIRGINIA CENTER FOR SPINE & SPORTS THERAPY

MANDATORY MEDICARE QUESTIONNAIRE

Medicare has placed an annual cap on the amount they pay for outpatient physical therapy and speech therapy services. The allowed limit in 2011 is **\$1870.00** and Medicare will pay 80% of this allowed limit (**\$1496.00**). We will assist you in tracking your visits and limits. If you reach your limit, we will provide you with your options such that necessary care will not be compromised in any manner.

1. Have you received any physical therapy or speech therapy in **2011**?

No **Yes**

If yes, circle the location in which the treatment was received:

Hospital/Home Health/Outpatient Clinic/Rehab Facility/Doctor's Office

2. Have you received Home Health care of any kind in the past 60 days?

No **Yes**

If yes, name of the Home Health agency:

3. Are you entitled to benefits under Black Lung Program, Dept of Veteran Affairs or other government program?

No **Yes**

If yes, please provide name of program as this will be primary to Medicare.

4. Was your illness/injury:

Work related injury **Auto accident** **Other accident**

If yes, date of accident: _____

If no, go to Question #5.

5. Do you have any group health insurance based on your current/former employment or your spouse's current/former employment? Do not indicate Medigap (Medicare supplemental).

No **Yes**

If yes, please provide insurance name: _____

ID Number: _____

Policy Holder: _____