



Dear Medicare Member:

As you may be aware, Medicare has an annual cap on outpatient physical and speech therapy. (Note: benefit limits will be calculated from January 1st forward, prior treatment will not effect your limit.) For 2017 the limit is \$2,010.00. We will do our best to keep you apprised of how much of this limit you have used here at O.P.T., however, we need you help to know what may have been used elsewhere.

By signing this authorization, you acknowledge that you have NOT had physical therapy or speech therapy services at another outpatient clinic, outpatient hospital, rehab agency, comprehensive outpatient rehab facility, skilled nursing facility, or home health agency in 2018.

Date _____ Signature _____

We will notify you if we are aware that you are approaching your benefit limit so that you and your physical therapist can make any necessary adjustments to your treatment plan. .

We look forward to helping you through your healing process. Please don't hesitate to call our business office at any point if you have any questions regarding the status of your account. 413-773-3379

Best regards,

The OPT Billing Department

If you HAVE had Physical or Speech Therapy in 2018, please indicate who rendered the services and provide a general time frame so that we can follow up on your benefit limits.

Yes, I have had other services with _____

Name of facility

From _____ To _____
mm/yyyy mm/yyyy

OPT-Greenfield: 306A High Street, Greenfield, MA 01301· Tel # **413-773-3379**

OPT-Athol: 14 Grove Street, Athol, MA 01331·Tel # **978-249-6999**

OPT-West Springfield: 181 Park Ave. Ste 16, West Springfield, MA 01089· Tel # **413-301-8999**

Sports Medicine, INC

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