Confluent Enterprises LLC dba Physical Therapy at Walmart Health

PHYSICAL THERAPY
at Walmart Health with HPRC

MEDICARE PART B BENEFICIARY NOTICE OF THERAPY LIMITS

Medicare imposes an annual financial limit of $2,080 per beneficiary for outpatient therapy services. We must certify that therapy exceeding the financial limit is medically necessary. The financial limit affects therapy services provided in all Part B practice settings. The $2,080 limit is based on incurred expenses and includes applicable Part B Deductible ($198) and 20% Coinsurance. There are two separate limits per beneficiary – combined physical therapy and speech therapy limit ($2,080) and occupational therapy limit ($2,080). Patients may not be simultaneously covered by Medicare in an outpatient hospital setting and as a patient in another facility.

To help us better serve you regarding the financial limits, please take a moment and answer the following questions:

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1. Have you received physical, speech, or occupational therapy from a home health agency or other outpatient therapy provider during the past year?
   _____No _____Yes
   If yes, please list name, address, and/or telephone number of the facility:
   _____
   Discharge Date: _____

2. Are you currently receiving any type of service from a home health agency?
   _____No _____Yes
   If yes, please list name, address, and/or telephone number of the facility:
   _____

3. Are you currently receiving any therapy services in an outpatient hospital department?
   _____No _____Yes
   If yes, please list name, address, and/or telephone number of the agency:
   _____

4. Have you recently been in a Skilled Nursing Facility (SNF)?
   _____No _____Yes
   If yes, please list name, address, and/or telephone number of the facility:
   _____
   Discharge Date: _____

By answering the above questions, I give Confluent Enterprises LLC dba Physical Therapy at Walmart Health permission to speak with the above service providers regarding my annual financial limitation for billing purposes.

If applicable, I understand that insurance which is secondary to Medicare will generally follow Medicare's determination.

_____ _____
Patient's Signature OR Patient Representative Date

Description of Representative's Authority _____

_____ _____
Witness Date