

Letter of Understanding for Medicare-eligible Clients

Flow Physical Therapy and Pilates is **not** contracted with Medicare or any other form of health insurance.

Services rendered in our practice are not covered by Medicare or your Secondary Insurance.

If you would like Physical Therapy to be covered by insurance and if you have a Physician referral for such we will be happy to provide you with alternative options.

If you are unwavering, however, in your desire to be seen by Tanya Tracy for her expertise, we ask that you sign below to indicate that you understand that this is a non-covered service by Medicare and to understand that **you cannot receive reimbursement** from your insurance provider, secondary or otherwise, for this service.

Mrs. Tracy does not believe in discrimination against clients who are 65 and over (ie, Medicare eligible) by turning them away if they wish to be seen by her, even though they have been given and considered other options that might be covered by insurance. She would like to help you and is willing to assess your problem and administer a limited number of treatments if necessary and **to provide massage therapy, wellness advice, preventative and fitness exercises.**

However, because physical therapy has not yet been included in Medicare "opt out" legislation, Mrs. Nelson does not treat Medicare-eligible clients for acute problems, post surgical treatment or any issues that are considered 'covered services.'

Actions are being taken to rectify this situation through the American Physical Therapy Association so that there will not be a question about whether you can see a non-Medicare provider Physical Therapist if you wish.

We would be happy to answer any questions you have regarding this matter. Thank you for understanding.

I understand the Medicare-eligibility issue described above and I am willing to pay privately to see Tanya Tracy (Flow Physical Therapy and Pilates) for massage therapy, wellness, prevention and fitness services. By signing below I acknowledge, under my own free will and accord, that I would like to restrict disclosure to my health plan by Flow Physical Therapy and Pilates for the purposes of payment because I accept full out of pocket financial responsibility.

Signed: _____ Date: _____

Print Name: _____