

ABOUT MEDICARE COVERAGE

The government's Medicare program only pays Doctors of Chiropractic (DCs) for limited services. If your needed Chiropractic Adjustment (manipulation treatment) meets Medicare's rules, they will usually pay for it. There are three categories of Medicare services: 1) non-covered 2) always covered, and 3) perhaps covered.

NON-COVERED

According to existing Medicare law, most of the available services in our office are NON-COVERED. Hopefully, the U.S. Congress will change that someday and treat Doctors of Chiropractic like all other doctors. Until then:

Examples of NON-Covered Services

All Services Other than Chiropractic Adjustments:

- * Office Visits – to evaluate and manage, re-evaluate, Advice or counsel.
- * Physiotherapy – such as massage, traction, electrical stimulation, neuromuscular re-education, etc.
- * X-Rays, Laboratory, Supplies, Vitamins, etc

Various Chiropractic Adjustments:

- * Adjustment on an area other than the spine- (to the shoulder, arm, leg, etc.)
- * Maintenance Care – you are stable and not making any more improvement.
- * Wellness Care – to promote better health.

NON-Covered items will appear on your insurance claim form. They will show as Medicare NON-Covered services like this 72010-GY. The 72010 code is for an x-ray. The –GY code means that it is not-covered, allowing your service to go through the Medicare system. After denial by Medicare, it can then go on to your other insurance. If you have Medigap insurance (also known as Medicare Secondary or Supplement insurance) they will pay according to the terms of your contract.

COVERED

A typical example of a Medicare COVERED service (or clinically needed) is when you are in a lot of pain due to an acute spinal condition. When you have a COVERED chiropractic spinal adjustment (manipulation treatment), it will be shown on your Medicare claim form and payment report as either "98940", "98941" or "98942". Medicare has then final determination as to what qualifies.

PERHAPS COVERED

Your Chiropractic Adjustment must be clinically needed according to Medicare. If Medicare thinks that your condition is not "Medically Necessary" they won't pay. If we know or believe that Medicare will not pay for your Chiropractic Adjustment due to any rules that they might have. We will let you know. We will give you a special Medicare form known as the Advance Beneficiary Notice (ABN)

STATEMENT OF UNDERSTANDING

I understand that I am personally financially responsible for all Medicare NON-covered services. I also understand that there could be times when my chiropractic adjustments might not be covered. If so, my doctor will let me know. I am also responsible for any annual deductibles or applicable copayments as required by Medicare.

Signature of patient or person acting on patient behalf

Date

LONG-TERM AUTHORIZATION

You won't have to sign again during this time period. This authorization can be revoked upon your written request.

Patient Name: _____ Medicare # (HICN): _____

Provider Name: Diamond State Chiropractic, P.A. – 1101 Twin C Ln, Suite 201, Newark, DE 19713

Authorization Period: From: _____20__ to: _____20__ (Must be completed to be valid)

I request that payment under the Medicare insurance program be made either to me or the provider named above on any bills for services furnished to me during the effective period of this authorization, and I authorize the above named provider to release to the Social Security Administration or its intermediaries or carriers, or to any other payer for information needed to process claims. I further permit a copy of this authorization to be used in place of the original.

Signature of patient or person acting on patients behalf

Date

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our office. If a claim is submitted to a payer, your health information on this form may be shared with the payer. Your health information which the payer sees will be kept confidential by the payer.