



NOTICE OF HOME HEALTH SERVICES

DEAR MEDICARE PATIENTS

This is a notice to inform you that if you are currently receiving Home Health Services of any kind, you **CANNOT** have physical therapy services at the same time. This includes physical therapy, nursing, wound care, medication, testing etc.

Medicare **WILL NOT** pay for outpatient physical therapy services if you are receiving any home health services at the same time. Medicare will deny your claims and you **WILL BE** responsible for all charges.

I understand and I am aware that I cannot receive outpatient physical therapy if I am currently receiving home health services of any kind. **Please Initial** _____

MEDICARE THERAPY CAP USED

Please check one of the boxes below

- I have not incurred Outpatient Physical Therapy charges this year at another Physical Therapy Center.

- I have incurred Outpatient Physical Therapy charges this year at another Physical Therapy Center and I will be charged in the event I have reached my Cap Limit with Medicare.

Patient Signature: _____ Date: _____

Print Name: _____