



591 Redwood Hwy, Suite 2235
Mill Valley, CA 94941
T. (415) 381-9030 F. (415) 381-9040
www.ezrehab.com
patientservices@ezrehab.com

MEDICARE INSURANCE REIMBURSEMENT INFORMATION

EZ Rehab Physical Therapy, Inc. agrees to bill Medicare for your services, and if secondary insurance exists, we will bill them as well, with the exception of Medi-Cal. **EZ Rehab Physical Therapy, Inc. IS NOT a Medi-Cal provider and does not accept Medi-Cal as secondary insurance.**

Medicare has an annual deductible in the beginning of each year; payable by you, or in some cases may be covered by your secondary insurance. These deductible amounts are subject to change and may vary every calendar year.

In addition to the deductible there is a coinsurance owed for all allowed services. This amount is what Medicare deems to be the your responsibility, and all or a percentage may be covered and paid by the secondary insurance, depending on the secondary insurance coverage.

In the absence of secondary insurance, the coinsurance and deductible are your full responsibility. Medicare guidelines mandate that EZ Rehab Physical Therapy, Inc. collect from you the amount of deductible and coinsurance for services rendered.

ACKNOWLEDGEMENT:

I have read and understand my financial responsibility, that in the absence of full reimbursement by Medicare or my secondary insurance, if any, I may be billed for the deductible and/or coinsurance portion of therapy services and I acknowledge full financial responsibility for any amounts owed to EZ Rehab Physical Therapy, Inc.'s services, including any legal or collection costs incurred in recovering these amounts.

Patient's Name: _____

Patient's Representative, or Guardian if a Minor: _____

Signature of responsible party: _____ Date: _____