



NAME \_\_\_\_\_

DOB \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ **I do not qualify for Medicare or a Medicare replacement plan.**

### MEDICARE POLICY

Medicare will not pay for services rendered at Restore Your Core Physical Therapy, LLC because we are not a participating provider with Medicare or any other insurance company. Medicare only pays for covered items and services when Medicare rules are met. **Restore Your Core Physical Therapy LLC and Amy Robinson, PT only agrees to work with Medicare clients for fitness, prevention, and wellness which are not covered services under Medicare.** You will not be able to submit for reimbursement as our services do not meet the rules set by Medicare regulations.

**Please read below and initial beside each item:**

\_\_\_\_\_ I do not wish for the claim to be submitted to Medicare for any services provided by Amy Robinson, PT or Restore Your Core Physical Therapy.

\_\_\_\_\_ I do not wish for any of my personal or medical information to be shared with Medicare by Amy Robinson, PT or Restore Your Core Physical Therapy.

\_\_\_\_\_ I am aware that Amy Robinson, PT and Restore Your Core Physical Therapy do not have a contractual relationship with Medicare or any other insurance company.

\_\_\_\_\_ Neither I, nor anyone representing me, will submit my claims for services provided by Amy Robinson, PT or Restore Your Core Physical Therapy to Medicare or any secondary insurance.

\_\_\_\_\_ I am aware of other Physical Therapy facilities that do take Medicare or my secondary insurance, and I choose to be treated by Amy Robinson, PT at Restore Your Core Physical Therapy.

**I also understand that Medicare or my secondary insurance will not reimburse for the services rendered by Restore Your Core Physical Therapy, LLC**

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of patient/legal guardian