

MEDICARE GUIDELINES FOR PHYSICAL
THERAPY

Medicare requires a referral from a physician for physical therapy. You must also see your physician on a regular basis during your treatment for ongoing evaluations and he/she must approve a plan of care established by your therapist for treatment to be covered.

Physical therapy cap is the amount Medicare will pay for outpatient therapy per year. This year is \$2010.00. This can be extended if you have certain complexities or complications that fall within the Medicare guidelines for extension. Once this cap is reached the patient will need to sign an advanced beneficiary notice electing to continue to receive physical therapy treatment beyond this cap and will be financially responsible for the treatment if he/she chooses to continue.

**YOU MUST INFORM THIS OFFICE IF YOU HAVE
HAD PHYSICAL THERAPY ANYWHERE ELSE THIS
YEAR!!**

I have read and understand these guidelines for treatment.

Patient Signature: _____

Date: _____