



The Hand & Physical Therapy Center Of Marin
A Physical Therapy Professional Corporation

YOUR INSURANCE AND PHYSICAL THERAPY BENEFITS

Patient Name _____

YOUR PRIMARY INSURANCE IS MEDICARE. THE YEARLY DEDUCTIBLE IS \$183

Your Secondary Insurance is _____

MEDICARE HAS A YEARLY CAP. FOR 2017 IT IS \$1980.

Medicare CAP allows for approximately 14-16 visits.

It is ultimately the patient's responsibility to fully understand their benefit plan limitations. We will bill you for any uncollected balance. You may be responsible for splint and supply charges. The exact amount of payment from your secondary insurance cannot be determined until your secondary insurance company reviews and pays your claim.

You will begin receiving statements from our billing company, once your insurance starts paying for your visits. It is not unusual for it to take a substantial period of time for Medicare and your secondary insurance to start paying. Please call your secondary insurance company to clarify your benefits and deductible.

Patient Signature _____ **Date** _____

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