



## Medicare Service Agreement

Medicare will pay for chiropractic treatment to the spine for active care that is “medically necessary”.

They do **not pay** for diagnostic workups (examinations, x-rays). For new patients, our charge for an initial examination is \$90-\$120.00. For existing patients that have a new accident or new condition, there may be a need for a separate exam that will range from \$40-\$62.00.

They do **not pay** for adjustments to the extremities (shoulder, elbow, hands, knees, feet). If you have a separate extremity complaint that requires chiropractic care in addition to spinal care, the charge will be \$15. If your only complaint is extra-spinal, meaning your arms, legs, or jaw, the charge for that office visit is \$46.

They do **not pay** for periodic maintenance care. This means visits on a regular basis, such as once per week, every two or four weeks, etc.

For new conditions or accidents, spinal adjustments should be covered if you follow through with a prescribed treatment plan and can show progress in your condition. This means your function is improving with treatment. Once you have finished this active phase of treatment and you wish to come in periodically to maintain or support your health, these visits will be your financial responsibility. You will be asked to sign an ABN (advanced beneficiary notice) form. This charge will range from \$25.98-\$37.43 depending on how many areas of the spine are adjusted. This is discounted from our normal charges of \$53-\$62.

Medicare has tightened their guidelines for care and documentation. Thank you for your understanding as we do our best to follow federal guidelines.

If you have questions, please ask.

*\*I have read and agree to comply with all terms and conditions outlined in the above Medicare Service Agreement.*

Patient Name: (print) \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: (guardian or power of attorney) \_\_\_\_\_