

Dr. Winnick & Associates
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Medicare Patients

This practice is not a Medicare Participating Provider, therefore eligible beneficiaries/patients are required to make prompt personal payment to Dr. Winnick and Associates for all services rendered at this office. We will automatically submit completed claim forms reflecting fees for all services directly to Medicare on a monthly basis and Medicare will reimburse you directly.

The only chiropractic services Medicare will adjudicate for reimbursement are spinal manipulations. In order for spinal manipulations to be eligible for reimbursement, either an examination or two x-rays of the area of complaint must be performed and the results must demonstrate the presence of a subluxation. Examinations and x-rays are eligibility requirements that Medicare classifies as "non-covered" expenses, and therefore will not reimburse. If however, you have an insurance supplement, or secondary health coverage, please let us know so we can include that information on the claim form we prepare for submission to Medicare. Medicare will use this information to automatically forward claims to your secondary or insurance supplement, once they have been adjudicated, to afford you the opportunity to obtain additional entitlements.

If you prefer we will complete a second claim form for you and once you have received your reimbursement from Medicare you can attach a copy of the 'Explanation of Medicare Benefits' to the signed and completed claim form and submit it yourself.

While Medicare offers reimbursement for spinal manipulation, there is no guarantee of payment. Medicare must determine that the manipulative services are 'medically necessary', which means there must be a reasonable expectation that treatment will result in restoring normal function. If Medicare denies any claims, please notify us immediately. In keeping with federal regulations, this office will not submit claims to Medicare for treatment deemed '*medically unnecessary*' and or '*maintenance*', or '*palliative*' patient care, and '*supportive*' care.

I understand the payment terms under which I will receive care at this office, as well as the services and reimbursement limitations imposed by Medicare, and have conveyed my understanding to the clinic director/ doctor. I agree to notify the practice immediately, should I receive any notices correspondences or denials regarding claims submitted on my behalf.

Patient Signature

Date

Doctor/Clinic Director

Date

