



COLUMBUS HAND THERAPY, LLC

JANET BAILEY, OTR/L, CHT
LOUANN GAUB, MSA, OTR/L, CHT
DENISE GRAVOIS, OTR/L, CHT
PAULA HAMM, COTA
TAMMI HARTSHORN, OTR/L, CHT
KIMBERLY MARKWELL, OTR/L
CYDNEY PHILBIN, MHS, PT, CHT
GREG TREECE, MSOT, OTR/L
KATHLEEN VILLACRES, OTR/L, CHT

3400 Olentangy River Road, Ste 201
Columbus, OH 43202
(614) 262-0907
Facsimile (614) 262-5269
www.columbushandtherapy.com

ATTENTION MEDICARE PATIENTS ONLY:

Effective January 1, 2010, Medicare imposed a cap on therapy services. Medicare will pay for therapy services **up to \$1860.00 per year for physical therapy** and **\$1860.00 per year for occupational therapy**, splints **ARE NOT** part of the Medicare Therapy Cap.

Once the Therapy Cap has been met, Medicare will no longer pay for the therapy services. **ALL** balances after the therapy cap has been met will be the responsibility of the patient.

The purpose of this notice is to help Medicare patients make an informed decision about whether or not to continue to receive therapy services **AFTER** the therapy cap has been met, understanding that all payment for services will be the patient's responsibility.

Please answer the following questions and sign and date below.

Are you currently receiving any therapy or have you received therapy at another facility this year for any condition? YES _____ NO _____

If you answered yes to the above question, what kind of therapy did you receive? Physical Therapy _____ Occ. Therapy _____

How long or how many treatments did you receive at the other facility? _____

Patient Signature

Date

CHT initials

Patient Name _____

Acct # _____

Thank you for allowing Columbus Hand Therapy to participate in your medical care.