

MEDICARE WAIVER STATEMENT

Date _____

Patient _____ Medicare # _____

Medicare will only pay for services that it determines to be reasonable and necessary under Section 1862 (a)(1) of the Medicare Law. In your case, Medicare is likely to deny payment for physical and/or occupational therapy/supplies for the following reason(s):

- Medicare will not pay for physical therapy or occupational therapy services over \$1780 in 2007

 - Medicare will not pay for durable medical supply items
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Please read and sign the following statement:

"I have been informed by my therapist/physician/supplier that he/she believes that, in my case, Medicare will deny payment for the reasons identified above. Therefore, I agree to be personally and fully responsible for payment".

Signed _____

Date _____