



Administrative Office:
848 N. Rainbow Blvd., #357
Las Vegas, NV 89107-1103

Advanced Notice Medicare Beneficiary Agreement

The purpose of this notice is to help you make informed choices about whether or not you want to receive supplies or services knowing that **MEDICARE** may not cover them. Before you make a decision, you should read this entire notice carefully. **MEDICARE** will not pay for physical therapy and speech language pathology services over **\$1,840.00** in **2009**, also **MEDICARE** will not pay for occupational therapy services over **\$1, 840.00** in **2009**. By signing below you accept financial liability for any supplies or services over **\$1, 840.00**.

Also, **MEDICARE** has determined that particular services, although they would otherwise be covered, are not reasonable or necessary under **MEDICARE** program standards. **MEDICARE** will deny payment for those supplies or services. In your case, **MEDICARE** will deny payment for supplies or services, including but not limited to:

1. Dressing changes
2. Hot and Cold packs

MEDICARE SUPPLEMENTAL and secondary insurances to **MEDICARE** will not pay for any service or supplies that are not covered by **MEDICARE**.

BENEFICARY AGREEMENT

My therapist has notified me that **MEDICARE** will not pay for services over **\$1,840.00** in **2009**. Also, **MEDICARE** will deny payment for the supplies and services including but not limited to those written above. I hereby understand that if I receive any supplies or services over **\$1,840.00** in **2009** that I will be personally and fully responsible for payment of supplies or services that exceed **\$1,840.00** for **2009**.

Beneficiary's signature

Date

Beneficiary's printed name