AUTHORIZATION TO PAY DOCTOR

# I hereby authorize Medicare to pay by check made out and mailed directly to:

Nielsen Chiropractic Health Center

1502 Oklahoma Avenue

Woodward, OK 73801

The expense benefits allowable and otherwise payable to me under my current insurance policy, as payment toward the total charges for professional services rendered. This payment shall not exceed my indebtedness to above named assignee and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

I understand that Nielsen Chiropractic Health Center will file Medicare claims as a courtesy to the patient. It is my responsibility as the patient to monitor payments made by the insurance company. If insurance is not paying, it is my responsibility as the patient to acquire the necessary payment whether it be by contacting the insurance company, hiring an attorney, or personally paying the balance myself. I realize that Nielsen Chiropractic Health Center cannot hire an attorney to represent me. If a payment has not been received, Nielsen Chiropractic Health Center may contact me so that further action can be taken. In some cases a Physicians Lien may be warranted.

# **IMPORTANT INFORMATION FOR MEDICARE PATIENTS**

# **Chiropractic benefits are available from Medicare but there are limitations.**

# **PARTICIPATING PHYSICIAN:**

Dr. Nielsen is a participating physician with Medicare. Dr. Nielsen agrees to accept assignment on Medicare eligible services.

**MEANING OF ASSIGNMENT:**

Assignment is the Medicare approved amount for Medicare eligible services.

**SERVICE MEDICARE PAYS FOR:**

The only Medicare eligible service is manual manipulation of the spine for correction of subluxation.

**SERVICES MEDICARE DOES NOT PAY FOR:**

In order to determine the extent of your condition and the type of treatment needed, Dr. Nielsen will consult you, examine you, and/or take x-rays. Medicare will not reimburse you for these services and the patient is responsible.

**MEDICAL NECESSITY:**

Medicare will allow up to 12 chiropractic manipulations per month and 30 chiropractic manipulation services per beneficiary per year. Medicare will determine when the maximum therapeutic benefit has been achieved for a given condition. Ongoing visits are considered maintenance visits and not medically necessary. Once Medicare has determined further treatment is not “reasonable and necessary” for your condition, the patient will be responsible for all treatment charges.

**DEDUCTIBLE AND CO-PAY:**

●Medicare requires a yearly deductible each year. The patient may use Medicare eligible services from any doctor’s office to meet this deductible. The only Chiropractic service that can be used is manual manipulation of the spine.

●Medicare will pay for 80 percent of the allowed charge for manual manipulation of the spine and payment will go directly to the doctor.

●Patients are responsible for the deductible, 20 percent coinsurance and non-covered service amounts.

I understand that although the Chiropractic services listed above may be required for treatment of my condition, these charges are not covered by Medicare and I will be personally responsible for payment of these charges.

Patient Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_