



Clarification of Restore Motion's Medicare Status

Dear Restore Motion Client,

Restore Motion is not a Medicare provider. If Medicare is your primary insurance and you are a Medicare beneficiary, we are not able to provide physical therapy services for you.

Some clients choose to work with our therapists as part of our Wellness Program. The Restore Motion Wellness Program allows clients to enjoy the benefit of working with our physical therapists on an individual basis to improve the quality of their well-being, mobility and overall function.

Participants in the Wellness Program will receive an invoice for services rendered, "Wellness and Maintenance." We will not issue an invoice with diagnosis codes or CPT codes for medical reimbursement.

The Restore Motion Wellness Program is designed to encourage optimal health and mobility similar to performance enhancement in the athletic population tailored to your needs, whatever your age.

Frequently Asked Questions:

Q: Can I submit to my invoice to Medicare to get a denial that I can then submit to my secondary insurance for reimbursement?

A: No. Restore Motion is not a Medicare provider. Invoices for Wellness and Maintenance submitted will not result in a Medicare denial suitable for submission for secondary insurance reimbursement.

Q: Why doesn't Restore Motion participate with Medicare?

A: By maintaining non-participation status, we are able to focus on care without the administrative burden of the constant changes in Medicare reimbursement. Restore Motion does not want insurance companies to dictate the type of treatments we use in patient care. We are able to use diverse and effective techniques to meet the needs of our clients being a non-participating provider.

We appreciate having the opportunity to work with you. If you have any further questions or concerns, please feel free to call us at 301-881-9313

Sincerely,

Restore Motion



MEDICARE ABN

Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular service does not mean you should not receive it. Right now, in your case, Medicare will not pay for physical therapy treatment for the following reasons checked below.

- ✓ The services provided here will be considered as a management of a maintenance and/or wellness program, not rehabilitative in nature, under Medicare guidelines. Medicare does not consider management of a maintenance and/or wellness program as reasonable and/or necessary.
- ✓ The frequency of the physical therapy visits is less than two to three times per week.
- ✓ The duration of physical therapy services is longer than what Medicare considers reasonable and necessary, which is usually eight weeks.
- ✓ You will not be seeing the referring doctor every 30 days.
- ✓ Your physical therapist is not a participating provider for Medicare, therefore, you **will not** be able to submit claims to Medicare for reimbursement.

Beneficiary Agreement:

I have been notified by my physical therapist that in my case Medicare will deny payment for the services identified above for the reason stated. I agree to be personally and fully responsible for the payment.

Date _____

Client Name: _____
(Please Print)

Signature: _____