**NOTICE OF EXCLUSIONS FROM MEDICARE BENEFITS**

There are items and services for which Medicare will not pay.

• Medicare does not pay for all of your health care costs. Medicare only pays for covered benefits. **Some items**

**and services are not Medicare benefits and Medicare will not pay for them.**

• When you receive an item or service that is not a Medicare benefit, **you are responsible** to pay for it, personally

or through any other insurance that you may have.

 The purpose of this notice is to help you make an informed choice about whether or not you want to

receive these items or services, knowing that you will have to pay for them yourself. **Before you make a**

**decision, you should read this entire notice carefully.**

Ask us to explain, if you don’t understand why Medicare won’t pay.

Ask us how much these items or services will cost you (Estimated Cost: $\_\_\_\_\_\_\_\_\_\_).

**Medicare will not pay for outpatient Physical Therapy if you are receiving Home Health services.**

**Medicare will not pay for: P.T. and speech-language pathology services over $2230 (including**

**dates of service from through ).**

**□ 1. Because it does not meet the definition of any Medicare benefit.**

**□ 2. Because of the following exclusion\* from Medicare benefits:**

**□** Personal comfort items. □ Routine Physicals and most test for screening.

□ Services required as a result of war. □ Routine eye care, eyeglasses and

□ Most shots (vaccinations). examinations.

□ Hearing aids and hearing examinations. □ Cosmetic surgery

□ Most outpatient prescription drugs. □ Dental care and dentures (in most cases).

□ Orthopedic shoes and foot supports (orthotics). □ Routine foot care and flat foot care.

□ Health care received outside of the USA. □ Services by immediate relatives.

□ Services paid for by a government entity that is □ Services under a physician’s private contract.

 not Medicare.

□ Services for which the patient has no legal obligation to pay.

□ Home health services furnished under a plan of care, if the agency does not submit the claim.

□ Items and services excluded under the Assisted Suicide Funding Restriction Act of 1997.

□ Items or services furnished in a competitive acquisition area by any entity that does not have a contract with the

 Department of Health and Human Services (except in a case of urgent need.)

□ Physicians’ services performed by a physician assistant, midwife, psychologist, or nurse anesthetist when

 furnished to an inpatient, unless they are furnished under arrangement by the hospital.

□ Items and services furnished to an individual who is a resident of a skilled nursing facility (a SNF) or of a part of a

 facility that includes a SNF, unless they are furnished under arrangement by the SNF.

□ Services of an assistant at surgery without prior approval from the peer review organization.

□ Outpatient occupational and physical therapy services furnished incident to a physician’s services.

**\* This is only a general summary of exclusions from Medicate benefits, It is not a legal document. The**

 **official Medicare Program provisions are contained in relevant laws, regulations, and rulings.**

Patient Signature: Date: