EXPLANATION OF CHIROPRACTIC MEDICARE BENEFITS

Dear Chiropractic Patient:

In accordance with regulations established by the Federal Government, the Medicare program does provide coverage for chiropractic care but with certain limitations.

Medicare requires that each patient have current x-rays of the spine and that these x-rays must show evidence of a spinal subluxation. Medicare does not cover the cost of the x-rays if taken in this office. Also not covered by Medicare are any therapies, supports, supplements, follow-up examinations of other services that your doctor of chiropractic may determine are necessary for the proper care of your condition or illness.

Your condition may require, in our judgement, more treatments than are allowed by Medicare. This office can apply for additional treatment coverage by submitting a "medical necessity statement" on your behalf. While your case will be reviewed by Medicare, we cannot guarantee or predict how this review will be decided in your particular case..

Any visits that Medicare determines are not covered will be the financial responsibility of the patient.

I have read and understand this statement.

Patient's Name:____.

Patient's Signature:______________________________________.

Date:____.

Witness Name:____.

Witness Signature:_______________________________________.

MEDICARE WAIVER OF LIABILITY STATEMENT

I, ____, HIC # ________________.
Patient's Name   Medicare #

understand that on ____________________________, My doctor of chiropractic has
Date

explained to me the need for treatments. I understand that Medicare may rule these treatments to be "medically unnecessary" in their opinion and that payment for these visits will be my financial responsibility should I elect to continue under the care of my doctor of chiropractic.

Patient's Name:____.

Patient's Signature:____.

Date:____.

Witness Name:____.

Witness Signature:____.