

NOTICE TO ALL MEDICARE PATIENTS

RE: OUTPATIENT PHYSICAL THERAPY CAP

Effective as of January 1, 2006, Medicare legislation has limited or capped the dollar amount of your outpatient rehabilitation.

The dollar amount of \$1,740 for outpatient physical therapy and speech services combined and a separate \$1,740 for occupational therapy is now in effect until further notice. This applies to Part B services received out side of hospital-based settings, which includes rehabilitation agencies, skilled nursing facilities, home health agencies, physician's offices and physical therapists in private practice.

According to Medicare, the cap is a per beneficiary annual cap. It does not apply per diagnosis nor per provider.

We "estimate" that it should cover approximately 12 to 14 visits at this facility but you need to be diligent and prudent in your rehabilitation utilization. If you need further rehabilitation after the 12-14, you may continue at your local hospital-based physical therapy. (San Antonio or Pomona Valley hospitals).

Congress may enact further legislation later this month that amends this new cap. You may want to contact your representatives with your concerns.

If you have specific questions and concerns, we will try to answer them or direct you to the appropriate website or personnel.

Patient Signature: _____

Date: _____