SPECIAL NOTICES FOR GOVERNMENTAL INSURANCE PLANS

Government insurance plans (Medicare, Medicaid, CHP, etc) require that you meet certain criteria regarding income, other possible sources of insurance coverage, and health care services. Violation of any policy regarding your governmental insurance plan may result in you being charged the full amount for services provided.

CHP/Medicaid:

If you or your child has other insurance coverage that could apply, or you have other insurance coverage that has been offered to you and you have not notified the appropriate agency, you will be charged for the FULL AMOUNT for your therapy when CHP/Medicaid determines that they were not responsible for these charges.

Medicare:

If you are receiving ***ANY TYPE OF HOME SERVICE*** (nurse visits, therapy, etc) then ***YOUR THERAPY IN OUR CLINIC WILL NOT BE COVERED BY MEDICARE***, and you will be responsible for the full cost of the therapy.

Understanding and Attestation:

☐ **I/my child will be using CHP or Medicaid (or a CHP or Medicaid Commercial HMO) to pay for my treatment.** I hereby attest that I/my child meet all program requirements and no other insurance coverage is available for this problem. I acknowledge that if I/my child is eligible for any other type of insurance coverage, I will be billed the full amount for all treatment provided by Terry Rehabilitation.

☐ **I will be using Medicare (or a Medicare Commercial HMO) to pay for my treatment.** I hereby attest that the insurance I designated as primary is in fact primary, I have no other insurance that should be considered as the primary insurance, and that I am not currently receiving ANY services at home. **If I am receiving health care of any kind services at home, or provide primary insurance information that is not accurate, I will be responsible for the full charges for all treatment rendered in the clinic during that time period.** If I have utilized home health services of any kind in the last 6 months, I will provide contact information for the home health agency I utilized to allow Terry Rehabilitation to verify that those services have been discontinued.

Printed Name of Patient Signature (patient/guardian) Date