

Date: _____

Name of Beneficiary: _____

Medicare ID# _____

Medigap ID# _____

Medicare / Medigap Release of Information

I request that payment of authorized Medicare / Medigap benefits be made on my behalf to **Step by Step Physical Therapy Tax Id# 161425381** for any services furnished to me by that facility. I authorize any holder of medical information about me to be released to the Centers for Medicare and Medicaid Services and Medigap plan any information needed to determine these benefits or benefits payable for related services.

Physician Certification and Prescriptions

Medicare requires the Physical Therapist to do a progress note every 10 visits or 30 days (whichever comes first.) This will be forwarded to your doctor for updated information and measurements.

All patients must be seen by their physician every 90 days in order to continue with Physical Therapy. This means the doctor must examine you to determine if Physical Therapy is still needed.

This is very important and is a Medicare National Policy. This will ensure that your Medicare Coverage for therapy is maintained.

Medicare follows a threshold which changes year to year. For additional coverage information, feel free to ask the office staff.

Patient Signature: _____ Date: _____