

MEMO TO: All Medicare Recipients
FROM: Susie C. Ford, Ph.D.
Executive Director, Columbus Speech & Hearing Center
REGARDING: Medicare regulations governing outpatient rehabilitation services

We are pleased to provide you with our services, under Medicare coverage. We are one of the few speech pathology and audiology outpatient practices in the state of Georgia to qualify as an Out Patient Rehabilitation Agency.

To insure maximum coverage for your speech and hearing rehabilitation and avoid any misunderstandings, there are several Medicare Regulations of which you should be aware.

- Medicare has an annual cash deductible of \$183.00 which must be met before your coverage is effective. If this amount is paid during the last three months of the year, the amount paid during that period will be carried forward and applied to the up-coming year's deductible amount.
- Medicare outpatient coverage is 80% of the charges. You are responsible for paying the other 20%. For children under 21 years of age who qualify for Medicaid, the 20% co-insurance portion is paid by Medicaid. Secondary insurance policies also may pay the 20% co-pay. This should be confirmed in advance with our billing department.
- You (Medicare patient) can be accepted for outpatient speech pathology therapy, or audiological testing, only on the written referral of your attending physician.
- Your attending physician will receive a copy of your initial evaluation report and Plan of Care within ten days of your initial visit here.
- Subsequent Updated Plans of Care are forwarded to your attending physician every 30 days.
- Re-certification of continued need by the attending physician and speech-language pathologist must be documented every 90 days.
- You must be under the care of your attending physician with his/her reports of his/her findings incorporated into your clinic (speech and hearing) file.
- Forms to be completed by your attending physician will be mailed to your doctor or given to you at the appropriate time.

To insure continued re-certification, your responsibilities are to:

1. Inform your physician of your desire to receive speech-language services, therefore insuring his/her support.
2. Arrange for a regular check-up with your physician, hand carry your re-certification form to your physician. (This will allow him/her to review your progress and re-certify your continued need.) Return the above signed re-certification to your clinician at your next therapy visit.

I have read, understand, and agree to abide by the above stated regulations.

SIGNATURE

DATE

WITNESS

DATE

**MEDICARE PATIENTS
DETERMINING IF MEDICARE IS THE PRIMARY PAYOR**

QUESTION	NO	YES	
1. Is the patient 65 or older? 2. Is the patient employed? 3. Is the patient covered by an Employer's Group Health plan?	____	____	If Yes to # 3, list the name, address and ID # on the card
1. Is the patient's spouse employed? 2. If Yes, does the spouse have dependent coverage on his/her Group Health Insurance?	____	____	
1. Is the patient a disabled Medicare beneficiary? 2. Is injury/illness due to a work related accident? 3. Is injury/illness due to an automobile or liability accident?	____	____	
1. Does the patient suffer from kidney failure? 2. Does patient have Veterans' Administration benefit coverage? 3. Does patient have any other insurance coverage that will pay for therapy before Medicare?	____	____	If Yes to # 3, list the name, address and ID # on the card
1. Is the patient receiving hospice, home health care, or a resident in a nursing home?	____	____	

By answering the preceding questions, I have established Medicare as the **primary/ secondary payor** (circle one). If Medicare is primary, I understand that I am responsible for any deductibles and coinsurance. If Medicare is secondary, I understand that Columbus Speech and Hearing Center will file my primary insurance before filing Medicare.

Patient signature/ date

Witness

COLUMBUS SPEECH & HEARING CENTER

Medicare requires us to ask the following questions, to determine if Medicare is the primary payer.

Is the patient 65 or older?	_____	No	_____	Yes
Is the patient employed?	_____	No	_____	Yes
Is the patient covered by an Employer's Group Health Plan?	_____	No	_____	Yes

If yes list the name, address, and ID # on the card.

Is the patient's spouse employed?	_____	No	_____	Yes
Is yes, does the spouse have dependent coverage On their Group Health Insurance?	_____	No	_____	Yes

If yes, list the name, address, and ID # on the card.

Is patient a disabled Medicare beneficiary?	_____	No	_____	Yes
Is injury/illness due to a work related accident?	_____	No	_____	Yes
Is injury/illness due to an automobile or liability accident?	_____	No	_____	Yes

If yes explain _____

Does patient suffer from kidney failure?	_____	No	_____	Yes
Does patient have Veteran's Administration Benefit? Coverage and elected to use?	_____	No	_____	Yes
Does patient have any other insurance coverage that will pay for therapy before Medicare?	_____	No	_____	Yes

If yes, list name, address, and ID # on card.

Is the patient receiving hospice, home health care, or a resident in a nursing home.	_____	No	_____	Yes
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By answering the following questions, I have established Medicare as the **primary/secondary** payer. (Circle One)

If Medicare is primary, I understand that I am responsible for any deductibles and coinsurance.

If Medicare is secondary, I understand that Columbus Speech and Hearing Center will file your other insurance before filing Medicare.

Patient's Signature

Date

Witness/CSHC Employee

Date

MEDICARE SECONDARY PAYER

Medicare is secondary if patient

- Still employed, over the age of 65 and covered by an Employer Group Health Plan and there are 20 or more employees.
- Disabled and under the age of 65, and covered by an Employer Group Health Plan and there are 100 or more employees.
- Has permanent kidney failure.
- Suffered an injury that is the result of an automobile or liability accident.
- Has Veteran's Administration Benefit Coverage, and elected to use.
- Incurred a work related injury or illness.
- Entitled to Black Lung Benefits