

Keller Chiropractic Medicare Financial Policy for 2017

Medicare has limited benefit coverage to acute treatment related to the spine. The patient and doctor must provide sufficient information that points to a specific episode that will require a set number of visits in a treatment plan. Once a month visits are considered supportive care or maintenance. This type of treatment is not covered by Medicare. Patients must sign a form called an ABN (Advanced Beneficiary Notice) before each visit in order to make an informed decision about what they will be responsible for financially.

Deductible 2017: \$183.00. (If you have Aetna Medicare or Humana Medicare, your deductibles and copayment amounts will be different. Please review individual policies for that information.)

ACUTE CONDITIONS:

1-2 area chiropractic manipulation to the spine: \$27.70;

Copay is \$5.54

3-4 area chiropractic manipulation to the spine: \$39.94;

Copay is \$7.99

NON-COVERED SERVICES:

- Exams for new patients or, or returning patients with new condition. (\$45-\$119)
- Chiropractic manipulation to treat chronic conditions.
- Therapy such as: Ultrasound \$30.00, Electric muscle stimulation \$20.00, Massage \$31.00, Traction for the neck \$29.00, and Traction for low back \$58.00.
- Extremity adjustments \$27.44

Medicare requires an exam for new patients and patients that haven't been seen for 6 months or more. Medicare does not cover the exam charges

Signature _____ Date _____