



IMPORTANT INFORMATION FOR OUR MEDICARE PATIENTS

About Your Examination

Medicare provides a limited benefit for chiropractic treatment which is based on your diagnosis. In order to diagnose any patient, a physical examination must be performed. Unfortunately, Medicare does not pay for chiropractic physical examinations. In the event you have a secondary insurance policy (not a supplemental policy), your secondary plan will likely cover the cost of your examination.

The examination fee will not be reimbursed by Medicare or any supplemental insurance carriers. It is not applied to the patient's annual deductible. This is expected at the time of service.

New Conditions and Re-examinations

If you have not received treatment in longer than 6 months for an existing condition, or request treatment for a new condition that requires an examination, a fee applies. The fee for re-examinations is not covered by Medicare and is the patient's responsibility. This is expected at the time of service.

Covered Services

Medicare will only reimburse for conditions related to the spine and pelvis. If your condition is not spine or pelvic related (i.e. shoulder, elbow, knee), payment will be expected at the time of service.

Medicare will only reimburse for spinal manipulative therapy. Other services that may be integral to your recovery, such as exercises, special therapy modalities and supplies are the patient's responsibility. Please ask us for more information prior to treatment.

Statutorily Excluded Services

Chiropractors can only receive payment for manual manipulation of the spine (including pelvis). Any other service rendered or ordered by a chiropractic physician is considered statutorily excluded. This includes:

X-rays

Office Visits/Evaluation & Management

Laboratory tests

Traction

Supplies (i.e. orthotics, TENS/EMS units)

EKGs or other diagnostic tests

Nutritional supplements/counseling

Physical therapy (EMS, US, TheraEx, Taping)