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DIRECTOR

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## HOME HEALTHCARE & YOUR MEDICARE COVERAGE

Many patients receive home healthcare services when they are unable to obtain their medical care at an outpatient medical office, or upon being discharged from the hospital. Home healthcare services include: physical therapy, Occupational Therapy, Respiratory Therapy, Speech Therapy, and Nurse visits **at home** including but not limited to wound care, and help with medications

Are you currently receiving or have you received home health care services within the past three (3) months?

YES / NO

*If **YES**, you have received Home Healthcare services please answer the following:*

Name of home health agency: \_\_\_\_\_

Telephone number of the agency: \_\_\_\_\_

Type of service: \_\_\_\_\_

Date you started Home Healthcare: \_\_\_\_\_

Date you were discharged from Home Healthcare: \_\_\_\_\_

### IF YOU ARE CURRENTLY RECEIVING HOME HEALTHCARE SERVICES OF ANY KIND:

1. Medicare will **NOT** cover outpatient physical therapy services at Independent physical therapy.
2. You may contact your Home Healthcare agency regarding receiving your physical therapy at home.
3. You may choose to receive Physical Therapy in the outpatient setting, after you have been discharged from you Home Healthcare services.

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I understand that if I am currently receiving Home Healthcare services and choose to receive Physical Therapy with Independent Physical Therapy the services will not be covered and I will provided on a cash basis only. Rates are as follows, \$125 for an evaluation and \$75 for every additional visit, which will be due at the time of service.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_