



MEDICARE QUESTIONNAIRE

Medicare will reimburse us, at this time, at 80% after the patient has satisfied their part B deductible.

1. ARE YOU CURRENTLY WORKING? **YES / NO** IF YES, FULL TIME OR PART TIME

2. ARE YOU MARRIED? **YES / NO**

IF MARRIED IS YOUR SPOUSE RETIRED, WORKING FULL TIME OR PART TIME?

3. ARE YOU COVERED UNDER AN EMPLOYER GROUP HEALTH PLAN BASED ON YOUR CURRENT EMPLOYMENT OR THE CURRENT EMPLOYMENT OF YOUR SPOUSE? **YES / NO**

4. WAS THIS SERVICE FOR THE TREATMENT OF A WORK RELATED INJURY? **YES / NO**

IF YES, PROVIDE THE NAME AND ADDRESS OF THE WORKERS' COMPENSATION INSURANCE CARRIER AND CLAIM NUMBER _____

5. WAS THIS SERVICE FOR THE TREATMENT OF AN INJURY WHICH RESULTED FROM AN AUTOMOBILE OR OTHER ACCIDENT? **YES / NO**

IF YES, PLEASE PROVIDE THE NAME AND ADDRESS OF INSURANCE CARRIER AND CLAIM NUMBER _____

6. ARE THE SERVICES TO BE PAID BY A GOVERNMENT PROGRAM SUCH AS A RESEARCH GRANT? **YES / NO**

7. ARE YOU ENTITLED TO BLACK LUNG MEDICAL BENEFITS? **YES / NO**

8. HAVE YOU RECEIVED HOME HEALTH CARE THIS YEAR? **YES / NO**

IF YES, DISCHARGE DATE _____

9. HAVE YOU HAD PHYSICAL THERAPY THIS YEAR? **YES / NO**

IF YES, NAME OF FACILITY _____

The Omni Center will bill Medicare and any supplemental plans. It is our understanding that physical therapy is a covered expense by Medicare. Furthermore, we understand Medicare's guidelines state that supplies are not a covered benefit when purchased through the Omni Center. These items may be purchased through a contracted durable medical equipment dealer or privately purchased by the patient.

SIGNATURE _____

DATE _____