



Please be advised that the information on this form is not a guarantee of payment from Medicare.

We recommend that you verify your coverage with your plan administrator or consult your manual for your benefits.

According to the information obtained from your insurance company, your estimated payment plan for outpatient Physical Therapy is as follows:

- Insurance pays: 80%
- Patient pays: 20%
- Deductible: \$198

Visits per calendar year: based on medical necessity.

Please note: we do not participate with GHI as a primary or secondary insurance. Any balance due is patient's responsibility.

Patient Name (please print): _____

Patient Signature: _____ Date: _____