

## MEDICARE WAIVER

**Name:**  
(Print Name)

**Date:**

Description of Service: Outpatient physical therapy Part B providers

**NOTICE:** Medicare will only pay for services that it determines to be “reasonable and necessary” under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is “not reasonable and necessary” under Medicare program standards, Medicare will deny payment for that service. We believe that, in your case, Medicare is likely to deny payment for the following service/items:

- Provision of exercise tools (e.g. bands, balance boards, biofeedback devices, theraputty), soft goods (e.g. braces, orthotics, molded insoles), or supplies (e.g. tape, electrodes and dressings), iontophoresis.

I have been notified by my Physical Therapist that he or she believes that, in my case, Medicare is likely to deny payment for the service(s) identified above, for the reasons stated. If Medicare denies payment, I agree to be personally and fully responsible for payment.

\_\_\_\_\_  
**(Beneficiary Signature)**

\_\_\_\_\_  
**(Date)**