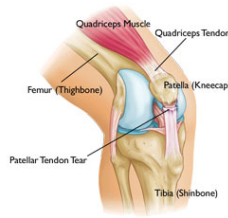
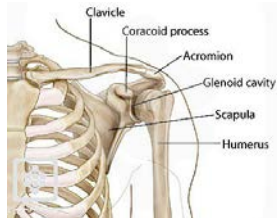


Medicare Fact Sheet:

- Medicare only covers spinal manipulation for active treatment plans
 - Spinal manipulation means the neck and spine only.



- This does not include extremities- arms, hands, legs and feet.



- Therapies, consultations, taping, vial testing, NET and acupuncture are not covered by Medicare
 - Therapies include: physical therapy, muscle work, ultrasound, percussion and applied kinesiology.
- Any services that are not covered, payment is due at the time of service
- Medicare will only cover active care, not maintenance care.
 - **Active Care:** Being on an active treatment plan per Dr. Osborne's recommendations that are being thoroughly followed.
Treatment plans include:
 1. Specified treatment goals for achieving wellness
 2. Duration/frequency of visits
 3. Objective measures to evaluate treatment
 - **Maintenance Care:** *Routine, repetitive treatment necessary to maintain functional care.* Choosing to schedule appointments as the patient pleases with no schedule or recommendation from Dr. Osborne is maintenance care. Dr. Osborne may recommend maintenance care. Once a pt reaches MMI (maximum medical improvement), they will be recommended to maintenance care. Example: Having one appointment per month.
- Medicare, in most cases, will forward the non-covered services to your secondary/supplemental insurance. If it does not, we will provide you with a superbill to submit to your secondary/supplemental plan.
- We will submit the claim to Medicare, if denied, we will gladly resubmit one time. If the claim is denied again, the patient will be responsible for the payment.