



8268 Veterans Highway, #3  
Millersville, MD 21108  
410-775-5335

### Medicare Clarification Letter

Dear Blue Sky Wellness Client,

Blue Sky Wellness can provide a wellness or maintenance program for you. Our physical therapists can assist you with maintaining a healthy lifestyle. Should you choose these services, you will receive an invoice for services rendered that will not contain a diagnosis or CPT code for medical reimbursement.

Blue Sky Wellness is not a Medicare provider and does not have a Medicare number. If Medicare is your primary insurance provider, we will be unable to provide physical therapy services to you. If you prefer, we can refer you to a provider that does accept Medicare.

By signing this document, you understand that Medicare will not pay for this treatment and agree that:

- Blue Sky Wellness has not solicited me in any way. I was offered the names of participating Medicare providers, but I chose to receive care from Blue Sky Wellness.
- Blue Sky Wellness is providing me with wellness or maintenance services, not rehabilitation services, consistent with Medicare guidelines. Medicare does not consider wellness services as reasonable and/or necessary.
- Medicare will not cover this treatment as I am not seeing a physician every 30 days for this treatment.
- Medicare will not cover this treatment as I am being seen less than the 2-3x/week required by Medicare.
- This treatment is longer than the eight weeks that is deemed customary and reasonable by Medicare.
- You **will not** be able to submit claims for Medicare reimbursement, as my physical therapist is not a participating Medicare provider.

#### Beneficiary Agreement

I understand the terms described in this letter and have been notified by my Physical Therapist that Medicare will deny payment for these reasons. I agree to be personally and fully responsible for the payment.

\_\_\_\_\_ Date

\_\_\_\_\_ Client Name (print)

\_\_\_\_\_ Client Name (signature)