

WELLNESS REHABILITATION INC.
PHYSICAL THERAPIST - PATIENT AGREEMENT
CURRENT AND PROSPECTIVE MEDICARE PATIENTS

I [OR MY LEGAL REPRESENTATIVE ON MY BEHALF] AGREE,
UNDERSTAND, AND EXPRESSLY ACKNOWLEDGE THE FOLLOWING:

- Cynthia Weiss, PT has opted out of the Medicare program effective on December 31, 2022.
- Neither the Practice nor Cynthia Weiss, PT is excluded from participating in Medicare Part B.
- I accept full responsibility for payment of the Practice's charges for all Physical Therapy sessions and other related items and services ("Services") furnished to me by the Practice or Cynthia Weiss, PT.
- Medicare fee limitations do not apply to what the Practice and Cynthia Weiss, PT may charge for Services they provide to me.
- I will not submit a claim (or request that the Practice or Cynthia Weiss, PT submit a claim) to the Medicare program for payment for any Services provided to me by the Practice or Cynthia Weiss, PT, even if the Services are covered by Medicare Part B.
- Medicare payment will not be made for any Services provided to me by the Practice or Cynthia Weiss, PT even if those Services would have otherwise been covered by Medicare if I had not signed this Physical Therapist-Patient Agreement, and a proper Medicare claim had been submitted.
- I enter into this Physical Therapist-Patient Agreement with the knowledge that I have the right to obtain Medicare-covered items and services from physical therapists and practitioners who have not opted out of Medicare, and that I am not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other health care providers and practitioners who have not opted out of Medicare.
- Medigap plans do not provide payment or reimbursement for items and services (such as any Services provided to me by the Practice or Cynthia Weiss, PT) not paid for by Medicare, and other supplemental plans may likewise deny payment or reimbursement for such services.

WELLNESS REHABILITATION INC.

PHYSICAL THERAPIST - PATIENT AGREEMENT

A copy of this Physical Therapist-Patient Agreement has been provided to me.

Wellness Rehabilitation Inc.

By: _____

Cynthia Weiss, PT

Date: _____

Patient Name (please print): _____

Patient Signature: _____

Date: _____

Patient's Legal Representative: _____

Legal Representative's Signature: _____

Date: _____