



Proactive Rehabilitation & Fitness Centers

Medicare Notice

Non-Covered Items: This notice is to inform you that there are certain items that Proactive may occasionally suggest for patient therapy that are not Medicare covered benefits. The following is a list of some (not all) of the items that may be suggested/used in your therapy that are excluded from Medicare coverage:

Custom Foot Orthotics	Heel Lifts	Arch Supports
Theraband (exercise band)	Physiogymnic Exercise Ball	Theraputty
Various Massage Creams	Scar Tissue reduction items	Wound Care Supplies
Suture/Staple removal kits	Strapping Tape for home use	Digiflex
Shoulder Pulleys	Ice Packs for home use	Foam Roller/Log
Compression Garments	Needles for Dry Needling	Coban or Ace Wrap

Because these items are not covered by Medicare, Proactive will not be submitting claims to Medicare for them and you will not see them on any Medicare patient remittance notices. Payment for these items will be your responsibility, personally or through any other insurance that you may have. Please be aware that these items may also not be covered by your secondary insurance if this insurance is a Medicare supplement.

Durable Medical Equipment: Proactive Rehabilitation does not have a Durable Medical Equipment (DME) Supplier contract and cannot bill Medicare for any DME supply provided to you. Therefore, if your therapist provides or makes a DME supply for you, payment for these items will be your responsibility, personally or through any other insurance that you may have. Please be aware that these items may also not be covered by your secondary insurance if this insurance is a Medicare supplement. The following are examples of some (not all) DME supplies which may be provided to you:

Sacroiliac Belt	Lumbar Orthosis	Cane or Crutch (any type)
Foot/Ankle Brace (any type)	Hand/Arm Splint (any type)	Knee Brace (any type)

By signing below, you agree that you have read and understand about Non-Covered Items and Durable Medical Equipment. You also agree that you will pay for any Non-Covered Items or DME supplies at the time of service or within 30 days of billing.

Signature of patient or person acting on patient's behalf

Date

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