277 Peninsula Farm Rd.

Building 3, Suite "I"

Arnold, MD 21012

202-681-1779

kbarry@magothytherapy.com

Dear Magothy Therapy & Wellness Client,

Magothy Therapy & Wellness can provide a wellness or maintenance program for you. Our occupational therapists can assist you with optimizing your recovery & 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.

Magothy Therapy & 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 occupational 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:
• Magothy Therapy & Wellness has not solicited me in any way. I was offered the names of participating Medicare providers, but I chose to receive care from Magothy Therapy & Wellness.
• Magothy Therapy & 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 could be 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 occupational therapist is not a participating Medicare provider.

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

Client Name (print): _____ Date: _____

Client Name (signature): _____