

TO OUR MEDICARE PATIENTS:

MEDICARE REQUIRES WRITTEN NOTIFICATION OF THE FOLLOWING:

If you are being treated for **routine care**, which includes cutting and grinding of **mycotic**, painful toenails and/or you have a systemic condition (such as diabetes or peripheral vascular disease) which requires professional foot care, Medicare will only pay for this service if it has been 61 days or more since you've last been treated. The doctor will inform you if you qualify for coverage based on Medicare's strict criteria.

For example, if you come in on January 1st for routine care, you cannot be treated again until March 5th or later. If you develop another problem other than routine care as described above, this does not apply and you can be seen.

If you are seen less than 60 days apart, **MEDICARE WILL DENY THE SERVICE AND YOU WILL BE FULLY RESPONSIBLE FOR PAYMENT.**

Please remember this Medicare ruling when you make your follow-up appointments. It is especially important if you choose to call on the phone rather than making your next appointment while you are in our office. We cannot be responsible if you make your follow-up appointments too early. For this reason, we strongly urge you to make your next appointment before leaving. This way we can minimize any scheduling mistakes.

Also, as of January 1, 1996, Medicare may deny certain routine foot care procedures. If any services are denied, **the patient is responsible for our total fee and will be billed accordingly.**

If you have any questions regarding scheduling, please feel free to speak with the receptionist.

I have read the above and understand the Medicare ruling regarding routine foot care:

PATIENT SIGNATURE

DATE