

FOCUS ON FUNCTION

SCHEDULE OF FEES

The following is the schedule of fees that Focus on Function will use to bill Medicare and/or your insurance carrier for services provided to you:

- ◆ Physical therapy visit \$150
- ◆ Speech therapy visit \$100
- ◆ Occupational therapy visit \$185

- ◆ The above charges are the amount billed to your Medicare or your insurance carrier, but **do not** reflect the amounts the agency actually receives in payment from Medicare or your insurance carrier. Under Medicare and insurance reimbursement guidelines, the agency receives a **PORTION** of the charges billed based upon the agency's cost of providing the services. You will be notified of any changes in the agency's billed charges as soon as possible, in advance of the next home visit.

Under Medicare Part B (a National Health Program through which certain medical and hospital expenses are paid from Federal Funds) the following apply:

1. The current year Medicare deductible must be satisfied.
2. Medicare will pay 80 percent of the bill after the deductible has been satisfied.
3. The 20 percent unpaid balance and any unmet deductible will be billed to a Secondary or Supplemental Insurance or the beneficiary.

This notification is required of Focus on Function by the Oklahoma State Department of Health for licensing as a home care provider.

The amount anticipated to be billed to me, for which I will be responsible, will be:

_____ per _____
(dollar amount) (visit, week, month)

VISIT SCHEDULE AND TREATMENT PLAN OF CARE

PT = _____ times per week for _____ weeks

TREATMENTS YOU WILL RECEIVE:

Education:

OT= _____ times per week for _____ weeks

TREATMENTS YOU WILL RECEIVE:

Education:

ST= _____ times per week for _____ weeks

TREATMENTS YOU WILL RECEIVE:

Education: