



POMAJZL Chiropractic

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MEDICARE 2019

Medicare **ONLY** covers the cost of your spinal adjustments to correct your vertebral subluxation (nerve irritation/pressure) symptoms following a trauma or injury.

Medicare requires but does not cover the cost of the Examination and X-Rays needed to identify the presence of a vertebral subluxation. **Law forbids POMAJZL Chiropractic from providing you any of these services on a complimentary basis**, these charges will be sent to your secondary insurance by Medicare. Understand that if Medicare does not recognize these charges your secondary insurance may not and you will be responsible for these recognized costs. Medicare patients will be responsible for deductible amounts, co-pays, non-covered charges and any denied visits which exceed Medicare guidelines.

MEDICAL NECESSITY: For Medicare to pay for your spinal adjustments, they must be "Medically Necessary". That means:

- 1) Your adjustments must relate directly to your current health condition.
- 2) Your adjustments must make "functional improvements" to your condition. Such as increased range of motion, able to walk farther, lift more, perform daily activities, sleep better, etc. NOT necessarily how you "feel".
- 3) You must follow your Chiropractors Treatment Plan for active care.

Once you have followed your Treatment Plan and have attained Maximum Improvement you will be "Released from Care". At that point you will be instructed to return for care on an "As Needed" basis. If at some point you injure yourself or have a trauma you should contact our office for examination of your injuries. At this time you, following evaluation, can once again be considered on Active Treatment.

MAINTENANCE CARE: Medicare **DOES NOT** pay for Chiropractic care to maintain your progress or to prevent health problems. Even though many people choose to schedule "Wellness Visits", Medicare will not pay for it. If you choose Wellness Care the Front Desk Staff will have you sign a waiver and you will be responsible for the cost of your care.

I have read and understand the limitations of my Medicare coverage and the affects it may have on any supplement or secondary policies. I am aware that I will be responsible for any charges that Medicare denies or does not cover.

It is understood I may receive the following charges if not covered by Medicare: Exam-\$95, Full-spine X-Rays-150, re-exam- \$27, maintenance adjustment(s)-\$27 or \$33

Signature of Patient

Date