



Due to a recent change in MEDICARE PART B Benefits, it is necessary that we understand how much treatment you have received in an outpatient therapy, part B facility in the year of 2020.

This is **ONLY** for OUTPATIENT THERAPY that occurred in 2021.

Please sign the appropriate box below:

I have **NOT** received **ANY** outpatient, part B, Physical, Occupational or Speech Therapy Services in 2021.

Signature _____

I **HAVE** received approximately _____ visits of outpatient Physical, Occupational, or Speech Therapy Services in 2021.

I received these services at: _____

Signature: _____

Please Circle One of the following:

* I **AM** currently receiving home care services such as: Nursing, Social Services or Therapy.

* I am **NOT** currently receiving home care services such as: Nursing, Social Services or Therapy.

Signature: _____

If you have questions regarding this new Medicare ruling that is in effect for the remainder of 2020, please ask our front desk.

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