

BROOME ORTHO & SPORTS PHYSICAL THERAPY  
800 VALLEY PLAZA, SUITE 9  
JOHNSON CITY, NY 13790-3305

## **NOTICE OF EXCLUSIONS FROM MEDICARE BENEFITS (NEMB)**

The Balanced Budget Act 1997, P.L. 105-33, Section 4541 set annual caps for Part B Medicare Patients. These limits change annually. The Deficit Reduction Act of 2005 (signed Feb. 8, 2006) directed that a process for exceptions to therapy caps for medically necessary services be implemented. Subsequently, the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) was enacted on July 15, 2008 and Section 141 extended the effective date of the exceptions process to the therapy caps to December 31, 2017. The exceptions process will continue unchanged for the time frame directed by Congress.

For Physical Therapy/Speech Services, the limit is **\$1980.00** for the calendar year **2017**. The limit is based on incurred expenses and includes applicable deductible and coinsurance.

**I HAVE READ THIS NOTICE AND UNDERSTAND THAT THE LIMIT FOR PHYSICAL THERAPY/SPEECH SERVICES FOR THE CALENDAR YEAR 2017 IS : \$1980.00.**

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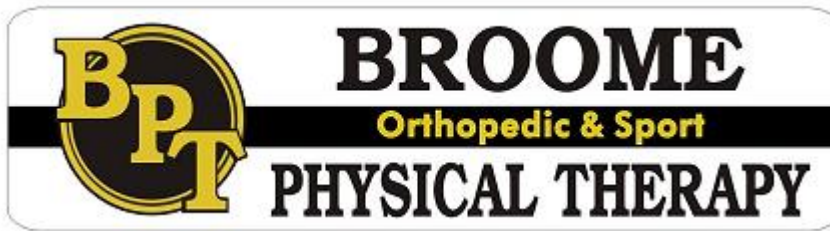
**PATIENT NAME**

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**PATIENT SIGNATURE**

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**DATE OF SIGNATURE**



## Medicare Secondary Payer Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Part I

1. Are you receiving Black Lung Benefits? \_\_\_\_\_
2. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for your care at this facility? \_\_\_\_\_
3. Was the illness/injury due to a work-related accident/condition? \_\_\_\_\_
4. Was the illness/injury due to an automobile accident? \_\_\_\_\_

### Part II

1. Was the illness/injury due to a non-work related accident? \_\_\_\_\_  
Date of Accident: \_\_\_\_\_
2. What type of accident caused the illness/injury? \_\_\_\_\_

Name, address and claim number for No-Fault insurer:

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Name, address and claim number for Liability insurer:

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Name, address, claim number and employer for Worker's Comp insurer:

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### Part III

1. Are you entitled to Medicare based on age or disability? \_\_\_\_\_
2. Are you currently employed? \_\_\_\_\_. If currently employed name and address of your employer: \_\_\_\_\_
3. Is your spouse currently employed? \_\_\_\_\_. If your spouse is currently employed employer name and address \_\_\_\_\_
4. Do you have group health plan coverage based on your own current employment or based on employment of your spouse? \_\_\_\_\_. If yes please list name of Group health provider \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Description:** This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability. Please circle the answers below that best apply.

**1. Please rate your pain level with activity:** NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN

**NECK DISABILITY INDEX – INITIAL VISIT**

**1. Pain Intensity**

- (0) I have no pain at the moment.
- (1) The pain is very mild at the moment.
- (2) The pain is moderate at the moment.
- (3) The pain is fairly severe at the moment.
- (4) The pain is very severe at the moment.
- (5) The pain is the worse imaginable at the moment.

**2. Personal Care (washing, dressing, etc)**

- (0) I can look after myself normally without extra pain.
- (1) I can look after myself normally but it causes extra pain.
- (2) It is painful to look after myself and I am slow and careful.
- (3) I need some help but manage most of my personal care.
- (4) I need help every day in most aspects of self care.
- (5) I cannot get dressed, wash with difficulty and stay in bed

**3. Lifting**

- (0) I can lift heavy weights without extra pain.
- (1) I can lift heavy weights but it gives me extra pain.
- (2) Pain prevents me from lifting heavy weights off the floor but I can manage if they are on a table.
- (3) Pain prevents me from lifting heavy weights but I can manage if they are conveniently placed.
- (4) I can lift only very light weights.
- (5) I cannot lift or carry anything at all.

**4. Headache**

- (0) I have no headaches at all.
- (1) I have slight headaches which come infrequently.
- (2) I have moderate headaches which come infrequently.
- (3) I have moderate headaches which come frequently.
- (4) I have severe headaches which come infrequently.
- (5) I have headaches almost all the time.

**6. Reading**

- (0) I can read as much as I want with no pain in my neck.
- (1) I can read as much as I want with slight neck pain.
- (2) I can read as much as I want with moderate neck pain.
- (3) I can't read as much as I want because of moderate neck pain.
- (4) I can hardly read at all because of severe neck pain.
- (5) I cannot read at all because of neck pain.

**7. Work**

- (0) I can do as much as I want to.
- (1) I can only do my usual work but no more.
- (2) I can do most of my usual work but no more.
- (3) I cannot do my usual work.
- (4) I can hardly do any usual work at all.
- (5) I can't do any work at all.

**8. Sleeping**

- (0) Pain does not prevent me from sleeping well.
- (1) My sleep is slightly disturbed (<1 hr sleep loss).
- (2) My sleep is mildly disturbed (1-2 hr sleep loss).
- (3) My sleep is moderately disturbed (2-3 hr sleep loss).
- (4) My sleep is greatly disturbed (3-4 hr sleep loss).
- (5) My sleep is completely disturbed (5-7 hr sleep loss).

**9. Concentration**

- (0) I can concentrate fully when I want with no difficulty.
- (1) I can concentrate fully when I want with slight difficulty.
- (2) I have a fair degree of difficulty concentrating when I want.
- (3) I have a lot of difficulty concentrating when I want.
- (4) I have great difficulty concentrating when I want.
- (5) I cannot concentrate at all.

**5. Recreation**

- (0) I am able engage in all my recreational activities without pain.
- (1) I am able to engage in my recreational activities with some pain.
- (2) I am able to engage in most but not all of my usual recreational activities because of my neck pain.
- (3) I am able to engage in a few of my usual recreational activities with some neck pain.
- (4) I can hardly do any recreational activities because of neck pain.
- (5) I can't do any recreational activities at all.

**10. Driving**

- (0) I can drive my car without neck pain.
- (1) I can drive my car as long as I want with slight neck pain.
- (2) I can drive my car as long as I want with moderate neck pain.
- (3) I can't drive my car as long as I want because of moderate pain.
- (4) I can hardly drive my car at all because of severe neck pain.
- (5) I can't drive my car at all.