

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.

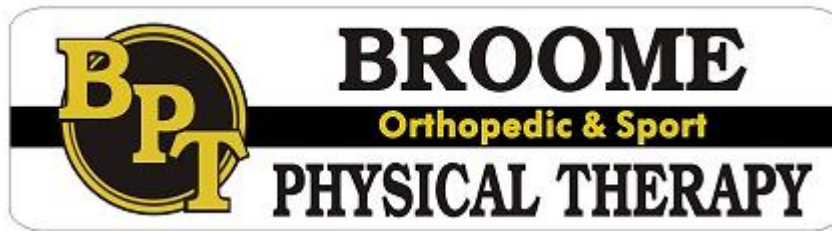
For Physical Therapy/Speech Services, the limit is **\$1980.00** for the calendar year **2017**. The limit is based on incurred expenses and includes applicable deductible and coinsurance.

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

PATIENT NAME

PATIENT SIGNATURE

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:

Name, address and claim number for Liability insurer:

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

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

MODIFIED OSWESTRY DISABILITY SCALE – INITIAL VISIT

1. Pain Intensity

- (0) I can tolerate the pain I have without having to use pain medication.
- (1) The pain is bad, but I can manage without having to take pain medication.
- (2) Pain medication provides me with complete relief from pain.
- (3) Pain medication provides me with moderate relief from pain.
- (4) Pain medication provides me with little relief from pain.
- (5) Pain medication has no effect on my pain.

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

- (0) I can take care of myself normally without causing increased pain.
- (1) I can take care of myself normally, but it increases my pain.
- (2) It is painful to take care of myself, and I am slow and careful.
- (3) I need help, but I am able to manage most of my personal care.
- (4) I need help every day in most aspects of my care.
- (5) I do not get dressed, wash with difficulty, and stay in bed.

3. Lifting

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

4. Walking

- (0) Pain does not prevent me from walking any distance.
- (1) Pain prevents me from walking more than 1 mile.
- (2) Pain prevents me from walking more than ½ mile. (3) Pain prevents me from walking more than ¼ mile.
- (4) I can only walk with crutches or a cane.
- (5) I am in bed most of the time and have to crawl to the toilet.

6. Standing

- (0) I can stand as long as I want without increased pain.
- (1) I can stand as long as I want but, it increases my pain.
- (2) Pain prevents me from standing more than 1 hour.
- (3) Pain prevents me from standing more than 1/2 hour.
- (4) Pain prevents me from standing more than 10 minutes.
- (5) Pain prevents me from standing at all.

7. Sleeping

- (0) Pain does not prevent me from sleeping well.
- (1) I can sleep well only by using pain medication.
- (2) Even when I take pain medication, I sleep less than 6 hours.
- (3) Even when I take pain medication, I sleep less than 4 hours.
- (4) Even when I take pain medication, I sleep less than 2 hour
- (5) Pain prevents me from sleeping at all.

8. Social Life

- (0) My social life is normal and does not increase my pain.
- (1) My social life is normal, but it increases my level of pain.
- (2) Pain prevents me from participating in more energetic activities (eg. sports, dancing).
- (3) Pain prevents me from going out very often.
- (4) Pain has restricted my social life to my home.
- (5) I have hardly any social life because of my pain.

9. Traveling

- (0) I can travel anywhere without increased pain.
- (1) I can travel anywhere, but it increases my pain.
- (2) My pain restricts my travel over 2 hours.
- (3) My pain restricts my travel over 1 hour.
- (4) My pain restricts my travel to short necessary journeys
- (5) journeys under 1/2 hour.
My pain prevents all travel except for visits to the physician/therapist or hospital.

5. Sitting

- (0) I can sit in any chair as long as I like.
- (1) I can only sit in my favorite chair as long as I like.
- (2) Pain prevents me from sitting more than 1 hour.
- (3) Pain prevents me from sitting more than ½ hour.
- (4) Pain prevents me from sitting more than 10 minutes.
- (5) Pain prevents me from sitting at all.

10. Employment / Homemaking

- (0) My normal homemaking/job activities do not cause pain.
- (1) My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- (2) I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (eg, lifting, vacuuming).
- (3) Pain prevents me from doing anything but light duties.
- (4) Pain prevents me from doing even light duties.
- (5) Pain prevents me from performing any job or homemaking chores.

