



BODY RESET SYSTEM
BRENDA SHAEFFER, DPT

ACKNOWLEDGMENT OF MEDICARE STATUS

I, _____ acknowledge understanding that Brenda Shaeffer, PT, DPT, is NOT a Medicare Provider. I understand that neither I nor Brenda Shaeffer, PT, DPT may send bills for reimbursement for the Physical Therapy services provided by Brenda Shaeffer, PT, DPT to either to Medicare or any secondary or tertiary insurance companies.

I understand that Physical Therapy provided is not for skilled, medically necessary services, but for non Medicare covered services such as maintenance, fitness, wellness, motivation, performance enhancement to maintain functional status or prevent functional decline where patient safety is not at risk.

I finally acknowledge that it is the right and responsibility of Brenda Shaeffer, PT, DPT to refuse treatment if the patient's condition/diagnosis could be considered medically necessary and probably reimbursable by Medicare. In that case, appropriate referrals will be made to Medicare Physical Therapy providers.

Signature: _____ Date: _____