SUPREME SPEECH
THERAPY FOR ADULTS

HEATHER BERNER
M.S. CCC-SLP

heatherberner@gmail.com
954-483-7859

Medicare Outpatient Therapy Qualification

In order to determine your eligibility for outpatient therapy services, please answer the following questions.

Is a Home Health Representative, Nurse, Aide, Therapist or anyone other than a family member currently assisting you in your home with:

Physical, Occupational, or Speech Therapy	☐ YES	☐ NO
Wound Care	☐ YES	☐ NO
Injections, infusions, medications	☐ YES	☐ NO
Bathing or Personal Care	☐ YES	☐ NO
IV care	☐ YES	☐ NO

Has a Home Health Representative, Nurse, Aide, Therapist or anyone other than a family member assisted you in your home with services in the past 30 days?

☐ YES ☐ NO

If you answered YES to any of the questions above, you MAY NOT BE eligible for outpatient therapy services at this time as determined by Medicare Guidelines. In order to qualify for our Part B Medicare services, you will need to be discharged completely from all Part A home care services, which is your responsibility.

A copy of the Medicare ABN form has been provided for you to read and sign. You understand that if claims are denied due to an open Part A Home Health episode of care, you are ultimately responsible for these claims/charges.

Patient/ Responsible Party Signature: _____ **Date:** _____

OFFICE STAFF ONLY

Staff Member Verifying information: _____
Discharge Date from Part A (if applicable): _____

ABN Form Signed: ☐ YES ☐ NO