

**Matlock Road Chiropractic  
Dr. Frank R. Greenberg**

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Notice to Medicare-Part B Beneficiaries

**Advanced Notice of Non-Covered Services**

Please be aware of the following Medicare regulations concerning Chiropractic Care.

In accordance with Medicare Act, Section 182(I), this letter is to advise you that Medicare will only pay for services that it determines to be “reasonable and necessary” under Section 1862(I) of Medicare Act. If Medicare determines that a particular service, although it would be otherwise covered, is not “reasonable and necessary”, under Medicare standards, Medicare will deny payment for that service.

Medicare limits Chiropractic reimbursement to manual manipulation. Reimbursement is based on medically necessary correction care only, maintenance care is not covered.

**Medicare *DOES NOT* reimburse for charges of Exams, X-Rays, Therapy and Supplements or supports from a Chiropractor.**

X-Rays may be required to update your condition should a new course of treatment be initiated.

Medicare patients will be responsible for deductible amounts, non-covered charges and any denied visits which exceed Medicare Guidelines.

Our office agrees to Accept Assignment. You will be responsible for 20% co-payment on the allowable charge for manual manipulation in addition to those charges not covered which are listed above.

I have read and understand the limitations of my Medicare coverage and the affects it may have on any supplement or secondary policies. I am aware that I will be responsible for any charges that Medicare denies or deems over “reasonable and necessary”.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date