



**Medicare/Health Insurance Waiver
for SimpleCare & IMT Wellness**

Name: _____

Thank you for joining SimpleCare™, a non-profit program of the American Association of Patients and Providers or choosing the IMT Wellness Program at Owoc Physical Therapy & Associates, LLC.

By signing this agreement, you agree to use SimpleCare™ for healthcare services; or you are choosing the Integrative Manual Therapy Wellness Program at Owoc Physical Therapy & Associates, LLC. You acknowledge that Medicare or other Medical Insurance Plan would not cover these services due to restrictions on your coverage. You acknowledge that Medicare or other Medical Insurance Plan would not pay for: (check all that apply)

- IMT Wellness & Prevention services provided by a Physical Therapist because the expectation that improvement is attainable in a reasonable period of time is not anticipated.
- IMT Wellness & Prevention services provided by a Physical Therapist because you have reached your maximum Physical Therapy benefit set by your insurance provider.
- IMT Wellness & Prevention services provided by a Physical Therapist because your plan of care indicates lack of progress or a plateau in progress and your PT treatment is considered maintenance and not covered by your insurance provider.
- IMT Wellness & Prevention services provided by a Physical Therapist because you are choosing to pay out of pocket for healthcare services provided by this office for your own personal reasons.
- other _____

You acknowledge Medicare or any other Insurance Plan will not be billed for services. Payment is due to your provider at the time of your visit. You **cannot appeal** if Medicare or any other Insurance Plan is not billed. You **cannot appeal** to see if Medicare or any other Insurance Plan would pay. By signing this private contract you also acknowledge that your healthcare provider will not be held to restrictions regarding prices and services that might otherwise apply if treating you under Medicare or other Insurance Plan regulations.

I have read, understand, and agree to the above terms.

Signed: _____ Date: _____

Please give this waiver back to our office so it may be kept on file in case of future questions.