



Medicare Beneficiary Consent

Momentum Physical Therapy and Wellness is not an enrolled provider with Medicare or any other form of health insurance.

Services rendered in our practice are not covered by Medicare or your Secondary Insurance.

If you would like Physical Therapy to be covered by insurance or Medicare and if you have a Physician referral for such, we will be happy to recommend other providers to you who are in-network with your health plan or are enrolled providers with Medicare.

If you are unwavering, however, in your desire to be seen by Dr. Nguyen Vu Dinh for his expertise, we ask that you sign below to indicate that you understand that you will be paying privately for your services even if your services might be covered by your insurance or Medicare if the services were provided by an in-network or Medicare enrolled provider. You also understand that **you cannot receive reimbursement** from Medicare or a Medicare secondary insurance plan.

Dr. Nguyen Vu Dinh does not believe in discrimination against clients who are 65 and over (i.e., Medicare eligible) by turning them away if they wish to be seen by him, even though they have been given and considered other options that might be covered by insurance. He would like to help you and is willing to assess your problem and administer a limited number of treatments if necessary and **to provide wellness advice, preventative and fitness exercises.**

We would be happy to answer any questions you have regarding this matter.
Thank you for understanding.

I understand that Dr. Nguyen Vu Dinh will not submit claims to Medicare on my behalf or provide me with a statement or billing codes that you can submit to Medicare myself. I understand that if I want Medicare to pay for any services that might be considered covered benefits, I should seek those services from a Medicare enrolled provider. By choosing to receive services from Dr. Dinh after being fully informed of these facts, I am agreeing to pay privately for the services I receive from Dr. Dinh even if those services might be covered by Medicare if provided by a Medicare enrolled provider. I also understand that since Dr. Dinh is not enrolled as a Medicare provider and the services provided do not meet the technical requirements for Medicare covered benefits, these services are not subject to Medicare's maximum allowable charge. I agree that I, my caregivers, family members, authorized representatives or power of attorney will not, under any circumstance, submit my claims, invoices, receipts or statements to Medicare or my Medicare Advantage Plan for reimbursement or to obtain a denial for a Medicare supplemental insurance plan.



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By signing below I acknowledge, under my own free will and accord, that I would like to restrict disclosure of my protected health information (PHI) to my health plan for the purposes of payment pursuant to my rights under HIPAA because I have paid for my services privately at the time of service.

Signed: _____

Print Name: _____

Date: _____