

## Medicare Intake Questionnaire

1. Have you received physical therapy or speech-language therapy services this year?  
If so, where?

If so, when? (date range)

How many physical therapy and/or speech therapy visits did you attend?

Do you know if you met your therapy cap?

2. Have you received this year or are you currently receiving home health services, such as a home aide, skilled nursing care, physical therapy, speech-language therapy, occupational therapy, social services, medical supplies, IV therapy, wound care, blood pressure or diabetes checks?  
If so, what is the name of the home health agency providing your care?

If so, when? (date range)

If so, have you been discharged? (date of discharge)

3. Are you a diabetic? If so, does someone come to your home to monitor for you?

4. Have you been hospitalized and/or been admitted to a SNF in the past 30 days?

5. **If you answered yes to #2, #3, or #4 above, please call our office at 972.745.9060 as soon as possible, as your Medicare outpatient physical therapy coverage may be in jeopardy.**

6. Medicare Secondary Payor Status: Supplement or Secondary?  
Supplement covers some portion of deductible and co-insurance; if CMS denies the claim as not medically necessary, the supplement usually denies it as well

Secondary pays those expenses not covered by the primary policy, in this case CMS.