

**Explanation of Medicare Benefits**

Accepting the assignment means that the Optimal Form & Function, LLC agrees to accept the allowable charges as determined by Medicare as full payment. However, you must remember Medicare generally pays 80% of the allowable charges. Therefore, you are still responsible for the 20% balance. In addition to the 20% you are responsible for any amounts applied toward your annual Part B deductible and any non-covered charges.

Initials:\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

**Supplemental Coverage/Co-Payment**

A representative of Optimal Form & Function, LLC has explained to me that under Medicare guidelines, I will be responsible for 20% of the allowable charge. Optimal Form & Function, LLC has agreed to accept assignment of benefits on this portion of the charges; I also understand that should the supplemental insurance company fail to pay for these charges within a “reasonable length of time,” or send payment, I will become reasonable for payment in full.

Initials:\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

By my signing below, I attest that I have read carefully and fully understand all items and accept the terms and conditions in each item. I attest that all of the information I provided and my signed initials above are correct and honest.

Signature of Patient or Legal Guardian:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Patient Name (Printed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_