

METROPARK CHIROPRACTIC SPORTS REHAB

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Thomas M. Cawley
*Certified Chiropractic
Sports Physician*

MEDICARE RELEASE

Name (Print) _____

MEDICARE PROVIDES REIMBURSEMENT FOR A LIMITED AMOUNT OF VISITS, DEPENDING UPON YOUR CONDITION, PER CALENDAR YEAR. THEY DO NOT REIMBURSE YOU FOR EXAMINATIONS, X-RAYS, ADJUNCTIVE THERAPY AND/OR SUPPORTS.

We are required by law to advise you of the above Medicare restrictions. If you have any questions regarding this information, we will review MEDICARE PROVISIONS with you.

Please Sign the Statement Below:

Dr. Cawley only renders medically necessary treatment. In the event that MEDICARE imposes non-clinical restrictions on reimbursement (such as a set number of visits regardless of the severity of the condition) then the patient is responsible for payment. Our office will furnish all clinical data to support the diagnosis.

I have read and understood the above statement.

DATE: _____ SIGNATURE: (patient) _____