

# Financial Responsibility and Medicare/Medicaid Benefit Form

*Note: Please read carefully*

With services delivered in the privacy and comfort of your own home, PT Mama LLC is able to optimize treatment time while providing you with our dedicated attention and effort. As a concierge service, our energy is completely focused on your child, and not influenced by the direction of a third-party payer. This allows us to deliver healthcare in the purest sense and with the highest levels of professionalism.

In order to maintain highly competitive rates for personal dedicated service, PT Mama LLC chooses not to be contracted with insurance companies, including Medicare and Medicaid. Having contractual agreements with insurance companies imposes limitations on your care. It is the philosophy of PT Mama LLC that YOU, the individual, should have control over YOUR care, regardless of the reason(s) for which you are seeking out services.

**For Medicare/Medicaid eligible clients, it should be noted that in signing this Financial Responsibility, you are choosing to opt-out of your Medicare/Medicaid benefits, including submission to Medicare/Medicaid for potential reimbursement. Federal regulations require that a Medicare/Medicaid eligible client acknowledge and sign such a waiver when choosing to engage in private-pay services.**

It is requested that payment be made in full at time of service. Thank you for choosing PT Mama LLC to assist you in your pediatric physical therapy needs. I look forward to being your personal therapist of choice.

Amanda Dudek, PT, DPT, ATC  
PT Mama LLC  
Owner, Therapist

By signature of this Financial Responsibility, I \_\_\_\_\_  
acknowledge that services provided by PT Mama LLC are on a cash basis and that no claims for insurance payment will be filed by PT Mama LLC on my behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date