

EXHIBIT 1F

**MODEL LETTER TRANSMITTING TITLE XVIII MATERIALS TO
INDIVIDUAL REQUESTING TO PARTICIPATE AS A PHYSICAL THERAPIST
IN INDEPENDENT PRACTICE ***

(Date)

Physical Therapist Name

Address

City, State, ZIP Code

Dear **(Physical Therapist Name)**:

This letter explains the procedures through which you may qualify for reimbursement under the Medicare Program as a physical therapist in independent practice. Outpatient physical therapy services under Medicare include services of a physical therapist in independent practice if the services are furnished in the therapist's office or in the Medicare beneficiary's residence. Reimbursement can be made only for treatment on the order of a physician, and the services must be furnished under a physician's plan of care. Payment for the reasonable charges for the covered services, less coinsurance and any deductible amounts due, is made either to the beneficiary or, on assignment, directly to the physical therapist. All physical therapists desiring to participate as independent practitioners must comply with the enclosed regulations in order to qualify for reimbursement under this provision of the law.

Please complete the enclosed Request to Establish Eligibility and return all but the last copy to this agency so that an initial determination may be made on your eligibility for participation. You will be contacted regarding this determination and informed of additional procedures to be undertaken. Any questions concerning the Form CMS-855, "Medicare General Enrollment Health Care Provider/Supplier Application," should be directed to your fiscal intermediary/carrier. You may obtain information regarding the Form CMS-855 by contacting **(name)** at **(phone number)**.

The **(State Agency)** will certify your compliance with regulations to the Centers for Medicare & Medicaid Services, which will make the determination whether you qualify for participation.

(Name)

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(Date)

Please direct any questions you may have concerning this program to this agency.

Sincerely yours,

State Agency

Enclosures

* This letter may also be used for an occupational therapist in independent practice by substituting "occupational" for "physical" in each place the word "physical" appears.