

**EXHIBIT 24**

**MODEL LETTER TO INELIGIBLE PHYSICAL THERAPIST REQUESTING  
TO PARTICIPATE AS A PHYSICAL THERAPIST IN INDEPENDENT  
PRACTICE**

**(Date)**

Physical Therapist Name

Address

City, State, ZIP Code

Dear **(Physical Therapist Name)**:

This is to inform you that, on the basis of information submitted to us, you were found to be ineligible to participate as a physical therapist in independent practice under the Medicare program.

The decision is based on the following:

1.  Medicare qualifications for physical therapists are not met.
2.  You do not have independent practice status because:
  - a.  You do not render physical therapy services on your own responsibility and are not free of administrative and professional control of an employer.
  - b.  The individuals treated are not your own patients.
  - c.  You do not have the right to collect the fee or other
  - d.  You do not maintain, at your own expense, an office or office space and equipment.

If you disagree with this finding, and you request a review of your eligibility, enclose any additional information you deem pertinent.

Sincerely yours,