

Medicare Patients

- Please bring a photo ID, your Medicare Card, and Supplemental Insurance Card with you to your first appointment.
- **Payment is requested at time of service.**
- Dr. Bowars is a “Non-Participating Provider” for Original Medicare.
- We will submit your claim to Medicare if you are receiving “Active/Corrective” chiropractic treatment.
- **Medicare will reimburse you directly if you are receiving treatment that they consider to be medically reasonable or necessary.**
- **If you are enrolled in a Medicare Advantage plan please call your insurance carrier prior to your first appointment to verify chiropractic coverage.** Dr. Bowars is not “in-network” with any insurance companies. We will give you a receipt that you can submit to your Medicare Advantage plan and they will reimburse you directly for covered services.
- By law, Medicare will only cover chiropractic care for manual manipulation of the spine to correct a subluxation or malfunction of the spine. Active/corrective manipulative treatment is delivered when chiropractic manipulation is expected to result in improvement of, or arrest the progression of the patient’s condition. Once the patient has stabilized, regardless of any symptomatology the patient still has, they must be converted to Maintenance Therapy.
- Under the Medicare program, Chiropractic maintenance therapy **is not** considered to be medically reasonable or necessary, and is therefore not payable by Medicare.
- **Maintenance Therapy includes services that seek to:**
 - **prevent disease**
 - **promote health**
 - **prolong and enhance the quality of life**
 - **maintain or prevent deterioration of a chronic condition**

When further clinical improvement cannot reasonably be expected from continuous ongoing care and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered *Maintenance Therapy*.