



Medicare Attestation of Home Health Care Service

Medicare Patients Only

Patient Name: _____ DOB: _____ Date: _____

Medicare will not pay for outpatient rehabilitation if you are receiving Home Health Care Services. Please read the following and check the appropriate line indicating your current home health care status:

_____ I am not receiving home health care services currently.

_____ I am currently receiving home health care services.

Home health care agency: _____

Agency phone number: _____

Agency contact: _____

Service start date: _____

_____ I was recently discharged from home health care services.

Home health care agency: _____

Agency phone number: _____

Agency contact: _____

Service start date: _____ Service end date: _____

Easterseals Capital Region & Eastern Connecticut is not responsible for non-payment of services by Medicare resulting from conflict with or non-disclosure of home health services. You are responsible for any non-payment of services billed by Medicare.

Patient Signature

Date

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22 Prestige Park Circle, East Hartford, CT 06108 • 860.728.1061
24 Stott Avenue, Norwich, CT 06360 • 860.859.4148
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