

This section must be completed by all clinical psychologists in order to determine if you are eligible to bill Medicare. Please answer all questions in this section.

1. Do you hold a doctoral degree in psychology? ☐ YES ☐ NO
IF YES, furnish the field of your psychology degree: _____
2. Do you inform each Medicare patient of the desirability of conferring with the patient's attending or primary care physician to consider potential medical conditions contributing to the patient's condition? ☐ YES ☐ NO
3. Contingent upon the patient's consent, do you consult with the patient's designated attending or primary care physician in accordance with accepted professional ethical norms, taking into consideration patient confidentiality? ☐ YES ☐ NO
4. If the patient assents to the consultation, do you attempt to consult with the patient's physician within a reasonable time after receiving consent? ☐ YES ☐ NO

This section must be completed by all psychologists billing independently in order to determine if you are eligible to bill Medicare as a psychologist "billing independently." Please answer all questions in this section.

1. Do you render services of your own responsibility free from the administrative control of an employer such as a physician, institution, or agency? ☐ YES ☐ NO
 2. Do you treat your own patients? ☐ YES ☐ NO
 3. Do you have the right to bill directly, and to collect and retain the fee for your services? ☐ YES ☐ NO
 4. Is your private practice located in an institution? ☐ YES ☐ NO
- IF YES** to question 4 above, please answer questions "a" and "b" below.
- a) If your private practice is located in an institution, is your office confined to a separately identified part of the facility that is used solely as your office and cannot be construed as extending throughout the entire institution? ☐ YES ☐ NO
 - b) If your private practice is located in an institution, are your services also rendered to patients from outside the institution or facility where your office is located? ☐ YES ☐ NO

This section must be completed by all occupational and physical therapists in order to determine if you are eligible to bill Medicare for services rendered in your private practice. Please answer all questions in this section.

1. Are all of your OT/PT services only rendered in the patients' homes? ☐ YES ☐ NO
2. Do you maintain private office space? ☐ YES ☐ NO
3. Do you own, lease, or rent your private office space? ☐ YES ☐ NO
4. Is this private office space used exclusively for your private practice? ☐ YES ☐ NO
5. Do you provide OT/PT services outside of your office and/or patients' homes? ☐ YES ☐ NO
- IF YES**, provide a copy of the lease agreement that gives you exclusive use of the facility for OT/PT services.

This section is to be completed when deleting PAs from the supplier's practice.

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