



## 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

100 Deerfield Road, Windsor, CT 06095 • 860.270.0600  
22 Prestige Park Circle, East Hartford, CT 06108 • 860.728.1061  
24 Stott Avenue, Norwich, CT 06360 • 860.859.4148  
287 West Avenue, Rocky Hill, CT 06067 • 860.859.4148

[easterseals.com/Hartford](http://easterseals.com/Hartford) • [VeteransRallyPoint.com](http://VeteransRallyPoint.com)