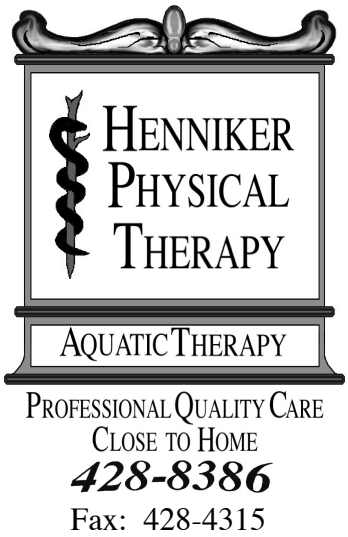

Medicare / Home Health Care Acknowledgement Form

By signing below, I hearby declare I am NOT receiving Home Health Care Services of any kind. I also understand that if I am, Medicare will NOT cover out patient Physical Therapy services and I will be responsible for any bills resulting from treatment at Henniker Physical Therapy.

Signature: _____ Date: _____

HENNIKER PHYSICAL THERAPY
47 Rush Road, P.O. Box 2038
Henniker, NH 03242
Phone: (603) 428-8386
Fax: (603) 428-4315