Outpatient Rehabilitation Payment Policy

Dear Mr./Ms.________________________

Thank you for choosing Health Quest Outpatient Rehabilitation for your therapeutic needs!

• Your copayment amount is $_______________
  o Please note that any eligible copayments are due at the time of service. For your convenience we offer a 5% discount for prompt payment.
• Your coinsurance amount is $ ______________
  o All eligible coinsurance amounts will be billed to you by Putnam Hospital Center after your claims have been submitted to your insurance company. Once the claims have been paid the remaining coinsurance amount will be billed to you.

1. Upon request we can provide you with an estimate of what a billed coinsurance amount for each visit may be. Your therapist may modify treatment sessions to meet your given need that day; this impacts your financial responsibility.

2. Please note that is your responsibility to be aware of your insurance benefits. We will do everything we can to help you understand them. This includes being attentive to any deductible or out of pocket expenses.

3. If you have not met your plan deductible for the year, you will be responsible for paying the full amount that your insurance would reimburse until the deductible has been met. You will receive a statement in the mail for this amount.

4. If you meet your out of pocket maximum you will no longer be responsible for any payments for your therapy services including copays.

5. Please be advised that you may not receive bills for several months after you have completed your therapy with us, as it takes time for claims to be processed.

6. Please be aware of when your deductible/out of pocket amounts reset or change. This often does not follow a January–December schedule.

By signing below, you acknowledge that you have read and understand the above statements.

X_____________________________________                                              Date:__________________

If you have any questions or concerns regarding any bills you receive, or think you should be receiving, please contact the Health Quest Billing Office at (845) 475-9940.

*DISCLAIMER* The information provided is our best effort to provide you with an idea of your potential financial responsibility for our services. This information is NOT guaranteed. We are only able to provide you with the information that we receive when calling your insurance carrier to verify your benefits. We take no responsibility for misinformation provided by the insurance carrier.