

SIERRA REHAB & WELLNESS CENTER

KNOW YOUR INSURANCE PLAN

Your health insurance is based upon a contract between the insured party's employer and the insurance company, or in some cases, between you and the insurance company. If your employer has selected your plan, it is routine for the employer to describe the benefits of the plan with the employee. It is the responsibility of the insurance company to provide a Plan Benefit Booklet and an Enrollment Card to the insured.

It is your responsibility as the insured party, who benefits from this plan, or who receives benefits from this plan to know:

- The effective date of the plan.
- If there is an annual deductible, and how much.
- The amount of your co-pay.
- If there is a limitation on the number of therapy visits allowed per calendar year.
- If there are any exclusions or limitations for speech therapy.

It is your responsibility to present all the health insurance cards to this office. It is also your responsibility to notify this office of any changes or termination of your plan and if you have received therapy somewhere else this year. Failure to do so will result in direct billing to the patient for the full amount of service rendered.

The contract between Sierra Rehab & Wellness Center with any insurance company is:

- To provide quality care to the patient.
- To submit the claim for service to the appropriate carrier in a timely fashion.
- To give credit to the patient for any "contracted discount".
- To collect co-pays and other balances due from the patient at the time of service.

As a courtesy, Sierra Rehab & Wellness Center will call the insurance company to verify benefits and eligibility. This information is provided to you and you are required to sign the insurance information statement that you have read over the information and understand the contents. If you have questions regarding your coverage contact your employer or call the number listed on the back of your insurance card. Please refer to the Explanation of Benefits processed by your insurance company for detailed payment information.

Signature

Date