



Financial Responsibility/Consent for Treatment

As a courtesy to you, our Admissions Department verifies your current insurance coverage and deductible before treatment begins.

If you are covered under Medicare; Medicare will pay for reimbursable charges of our services at 80% of the covered amount. We will bill your coinsurance, or we will bill you, for the 20%.

If you are covered under a different insurance policy, your Insurance Verification will be provided to you verbally or other methods so that you are aware of the projected out of pocket expense. However, please know that verification of coverage is not an authorization for payment. We will be happy to bill your insurance company on your behalf, however, if for any reason your insurance company does not pay, the charges are your responsibility.

FINANCIAL ACKNOWLEDGMENT:

- I acknowledge that any change to my primary or secondary insurance could affect my financial responsibility and that I will notify Montana Mobile Rehab if I change my primary or secondary insurance.
- I understand and acknowledge my financial responsibility for any co-payments, deductibles, out of pocket or co-insurance outstanding not covered by my insurance policy.
- I authorize payment directly Montana Mobile Rehab due me in my pending claim and/or major medical benefits otherwise payable to me, not to exceed the charges for this period of treatment.
- I understand that if payment is issued directly to me, it is my responsibility to forward this payment to Montana Mobile Rehab.
- Should this account go delinquent, I agree to pay all costs of collection including collection agency fees, court costs and attorney fees.

PATIENT CONFIRMATION & CONSENT:

- I certify that I am not currently receiving any services from a home health agency or outpatient rehabilitation facility. If, I purposely deceive Montana Mobile Rehab of this, then I may be held responsible for payment for services. I confirm that prior to starting any home health services, I will notify Montana Mobile Rehab.
- I consent to the use of photo or video use during my treatments for educational and/or promotional purposes.
- I confirm that I will notify Montana Mobile Rehab of any change to my primary or secondary insurance provider.
- I consent to treatment & participation in this rehabilitation program along with receiving emails and/or texts regarding my appointments and therapeutic interventions.

SINGATURE

DATE