

Marsh Brook Rehab

Dear Patient:

Welcome to Marsh Brook Rehab. We are a division of Strafford Health Alliance, which is a joint venture of both Frisbie Memorial Hospital in Rochester and Wentworth-Douglass Hospital in Dover. Although we work closely with Seacoast Orthopedics and Sports Medicine (SOSM), we are two completely separate companies without financial or ownership relationship. We handle all billing, documentation, and any other patient information independent of SOSM. As part of our registration procedure, we would like to inform you of our current billing policies. If you would like a list of our current therapy charges, please request one at registration.

INSURANCE INFORMATION AND BILLING POLICY:

In order to properly and efficiently process your therapy claim(s), accurate insurance information is needed at your initial visit. While most insurance companies cover physical and occupational therapy charges, **IT IS YOUR RESPONSIBILITY TO VERIFY COVERAGE FOR PHYSICAL AND/OR OCCUPATIONAL THERAPY OUTPATIENT SERVICES** in a freestanding clinic. While we are a participating provider with many insurance companies, please ask our front office staff if we are in your network.

PAYMENT POLICY:

- ◆ Patients with health insurance coverage (other than NH Medicaid or Worker's Compensation) will be expected to make a co-payment or percentage co-insurance payment consistent with their policy at each visit. If deductibles have not been met, patients are responsible for payments as claims are processed by your insurance, unless other arrangements are made. After final payment has been received from the insurance company, the patient will be billed for any remaining balance. **Please note that Financial Assistance is available if applicant meets income guidelines. Please ask our receptionist for more information.**
- ◆ Parents of **MINORS** and/or **COLLEGE STUDENTS** who are able to drive themselves to appointments are expected to send in payment with their child at each visit.
- ◆ All **SELF-PAY** patients are expected to pay weekly balance in **FULL**, unless other arrangements are made with us prior to treatment.

CANCELLATION POLICY:

Please be sure to notify us 24 hours in advance at (603) 749-6686 if you cannot make your scheduled appointment. Failure to do so may generate a charge to your account. This will be your responsibility, because it is not covered by any type of insurance coverage. **TWO CANCELLATIONS OR NO-SHOWS WITHIN A 30-DAY PERIOD WILL TERMINATE ALL FUTURE THERAPY SESSIONS**, unless otherwise approved by the treating clinician.

- ◆ Any billing questions should be directed to the Patient Accounts Manager.
- ◆ Any returned checks will result in a \$15.00 charge to your account.

Thank you for choosing us to help meet your rehabilitation needs. We are pleased to serve you and welcome your feedback at all times.

CONSUMER BILL OF RIGHTS AND RESPONSIBILITIES AT MARSH BROOK REHAB (MBR)

As a person who makes use of the services available at our clinic, you have the RIGHT:

- To receive considerate and respectful care at MBR without discrimination based on your race, creed, color, national origin, religion, sex, sexual preference, handicap, or age;
- To be given the information you need to give informed consent for treatment prior to your treatment being started and to consider use of alternative services which may be available to you;
- To receive complete information about and/or participate in the development of your plan of care and the updating or reassessment of that plan;
- To refuse medical treatment or other services provided and to be informed of the possible results or consequences of your refusal;
- To know that information about your health, social and financial circumstances and about what takes place during your care is considered private and confidential;
- To know that all verbal communications and written records pertaining to the services you receive will be handled confidentially;
- To expect that all clinic staff employed by MBR will, within the limits of your plan of care, respond in good faith to your requests for assistance in any way;
- To receive information about the clinic's operations, policies and procedures, such as information on service costs, qualifications of staff, supervision of staff, and your eligibility for third-party payment(s);
- To receive services as is needed and available to meet your health care needs;
- To examine all bills for services regardless of whether they are paid for by you or by other sources;
- To be given information about any anticipated transfer of your health care to another facility and/or ending of the care provided to you;
- To voice a grievance and/or suggest a change in what service is provided and/or the staff that provides it without fear or being threatened, discriminated, or otherwise retaliated against.

As a MBRS consumer you have the RESPONSIBILITY:

- To give accurate and complete health care information concerning past illnesses, prior hospitalizations, medications used, allergies, and other subjects related to your health care;
- To inform the clinic when you will not be able to keep an appointment for a scheduled visit;
- To follow your current plan of treatment;
- To request further information concerning anything which you do not understand;
- To sign a Fee Agreement informing you of your financial responsibility for payment of services not covered by your insurance company; and
- To give information, preferable to someone who has a supervisory role at the clinic, regarding concerns or problems you have about clinic services or staff.

Marsh Brook Rehab: For more information go to www.marshbrookrehab.com