

REHAB RESOURCES OF SHEBOYGAN / A DIVISION OF REHAB RESOURCES, INC.
CONSENT FOR TREATMENT
ASSIGNMENT OF BENEFITS - BILLING AUTHORIZATION
0-18 NOT ENROLLED IN A BIRTH TO THREE PROGRAM

Rehab Resources, Inc. is a certified agency that provides outpatient therapy services. Occupational, Physical, and Speech Therapy (OT, PT, Jw and ST) services have been prescribed by Dr. _____ for _____.
(A review of the patient's medical history and condition by the physician and the therapist indicate that the services are medically reasonable and necessary. **The item checked below is an explanation of the present payment source for the therapy services provided.**

_____ **PRIVATE INSURANCE** Your insurance will be billed for therapy services rendered. You will be responsible for any deductible, co-payments and charges not covered by insurance. If private insurance denies coverage, and you do not have Medicare or Medicaid QS a secondary payment source you are financially responsible and will be billed directly for services rendered. **Failure to report changes in insurance will result in the patient being financially responsible; patient will be billed directly for services rendered.**

_____ **PRIVATE INSURANCE & MEDICAID** Prior authorization for treatment will be submitted to Medical Assistance (MA) to cover the cost of the insurance deductible and co-payments. Should the MA prior authorization be denied, you may request an appeal hearing. If you choose not to pursue an appeal you will be responsible for covering the cost of any deductible and/or co-payments. If the case is taken to appeal and the decision is not reversed, you are responsible for the cost of the deductible and co-payments. **Rehab Resources MUST be informed of any change in your insurance. Medicaid requires that Rehab Resources, Inc. bill any private insurance prior to submitting any charges to Medicaid. Some insurances require prior authorization. If Rehab Resources, Inc. is not informed of changes in insurance, prior authorization cannot be obtained and Medical Assistance cannot be billed. Failure to report changes in insurance will result in the patient being financially responsible; patient will be billed directly for services rendered.**

_____ **PRIVATE INSURANCE HMO & MEDICAID** If there is an HMO to be billed, our office needs a current referral form from your physician on file before treatment is rendered. In some cases Rehab Resources may not be a participating provider with your HMO. In that event your HMO plan will be reviewed to determine if you must first exhaust your therapy benefits through a participating provider before Rehab Resources can begin treatment and bill Medicaid. Any amounts not paid by insurance remain the patients responsibility with the exception of any charges covered by Medicare or Wisconsin Medical Assistance Program (Medicaid or Title 19). **Rehab Resources MUST be informed of any change in your insurance. Medicaid requires that Rehab Resources, Inc. bill any private insurance prior to submitting any charges to Medicaid. Some insurances require prior authorization. If Rehab Resources, Inc. is not informed of changes in insurance, prior authorization cannot be obtained and Medical Assistance cannot be billed. Failure to report changes in insurance will result in the patient being financially responsible; patient will be billed directly for services rendered.**

_____ **MEDICAID** The cost of OT, PT, ST (circle) services will be billed to the Wisconsin Medical Assistance Program (Medicaid or Title 19) as long as eligibility requirements are met. If there is a Medicaid HMO that is to be billed, our office needs a current referral form from your physician on file before treatment is rendered.

_____ **EVALUATION ONLY** Child will be placed on hold until the approved prior authorization is received. If the MA prior authorization for the evaluation is denied, you may request an appeal hearing. If you choose not pursue an appeal, you are responsible for covering the cost of the evaluation. If the case is taken to appeal and the decision is not reversed, you are responsible for the cost of the evaluation.

_____ **EVALUATION AND TREATMENT** Services will start without an approved MA prior authorization. If the MA prior authorization is denied you may request an appeal hearing. If the case is taken to appeal and the decision is not reversed you are responsible for the cost of the evaluation and treatment.

Please remember that authorization of treatment by private insurance does not guarantee payment. Rehab Resources, Inc. will make every effort to obtain payment from your insurance company; however, if insurance denies coverage and payment, the patient will be financially responsible for the total amount of services rendered.
DISCLAIMER: Benefits are subject to all terms & conditions of the contract in effect on the date services are rendered.

_____ I have been informed of the Birth to Three program and have made the decision not to participate at this time.

PLEASE SIGN BELOW: Your signature indicates that (1) you agree with the provisions of the payment source as described above, (2) you authorize payment of any insurance benefits directly to Rehab Resources, Inc. (3) you authorize medical information to be released to RRI and for RRI to release information for professional claims purposes.

Responsible Party _____ **Relationship** _____ **Date** _____