



## INSURANCE COVERAGE INFORMATION

Welcome to Rehabilitation Services at Schoolcraft Memorial Hospital. This letter will help you in working with your insurance company to determine insurance coverage for therapy. It will also give you a general idea of how the therapy process works.

**Coverage:** We strongly recommend that you call your insurance company and ask to speak with a benefits specialist. It would be a good idea to write the name of the specialist for future reference. Ask the specialist:

- Does payment cover outpatient hospital based physical/occupational/speech therapy?
- Is there any deductible or co-pay?
- Are there limitations on the number or days/visits allowed in therapy?

You may wish to request that the company send you a “verification of coverage” letter.

**Process:** All therapy begins with an evaluation; further treatments will likely include supervised exercise and physical agent modalities. Sometimes we use tape or iontophoresis that may cause skin irritation. If that happens we will change to another type of treatment.

You will be treated by a team of therapists. We meet weekly and as needed to coordinate your care. You may request to have only one therapist stay with you through the course of your treatment. If you choose to stay with one specific therapist it may limit the available appointment times for you.

Starting or stopping therapy is always up to you and your doctor. We recommend that you continue therapy as long as you have a valid therapy prescription and the therapy is helping reduce or manage the problem. If your condition isn’t changing with therapy over the course of two weeks we recommend therapy be ended.

**Please call us to cancel if you are unable to attend a scheduled session. If you have a pattern of cancellations or not showing for your scheduled appointments you may be discharged from therapy.** After you have been discharged from rehabilitation services you may receive a phone call from Arbor Associates to answer a few survey questions anonymously. Your open feedback about your therapy helps us make decisions about the treatment of future patients. If you have any comments as therapy progresses, please share them with your therapist.

***Thank you for choosing Schoolcraft Memorial Hospital for your therapy needs. Your signature below indicates you have reviewed this information and have had an opportunity to ask questions.***

Name: \_\_\_\_\_ Date: \_\_\_\_\_