

Benefis Hospitals

DISCLOSURE STATEMENT FOR INPATIENT REHABILITATION PATIENTS

Patients on the Benefis Rehabilitation Unit receive care provided by a physician-led interdisciplinary team. The rehabilitation team provides nursing care twenty-four hours per day. Patients will also participate in a *therapy program a minimum of three hours per day, five days per week*. The therapy program will consist of the services that will be most helpful in reaching the highest level of independence. You will be evaluated/ treated by: (circle all that apply):

PT OT SLP Psychology Rehab Nursing Transitional Planner

Your estimated length of stay is _____.

Rehabilitation units are governed by a Federal prospective payment system. This means that certain information is collected and sent to CMS (Center for Medicare and Medicaid Services). The information collected is used for rehabilitation related research and to determine the financial reimbursement to the Rehabilitation Unit for Medicare patients.

As a rehabilitation inpatient, you have the privacy rights listed below:

- You have the right to know why we need to ask you questions.
- You have the right to have your personal health care information kept confidential and secure.
- You have the right to refuse to answer questions.
- You have the right to look at your personal health information and request changes if you do not feel it is accurate.

The Rehabilitation Patient information booklet contains length of stay averages for the Rehabilitation Unit. Should you require additional rehabilitation or medical services following your stay on the Unit, you will be referred to the appropriate program that could include subacute rehabilitation, a skilled nursing facility, home health care or outpatient therapy services.

A typical daily charge for the Rehabilitation Unit is \$2,426. This includes your room, meals, medication and therapy charges. It does not include the doctor visits. If you are a Medicare recipient, you will not be responsible for charges that are greater than those paid by Medicare after you have met your deductible. Doctor's visits are covered under your Medicare part B.

Your insurance _____ pays _____.

This means that you may be responsible to pay _____
_____.

This is an outline of benefits and not a guarantee of payment.

The services that are not covered by your insurance company are _____.

If you have financial questions, please call our financial advisors at 455-3562.

Patient signature _____

Patient Representative Signature _____

Staff Signature _____ Date: _____

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