



Name: _____

Date of Birth: _____

Insurance Verification and Financial Responsibility Worksheet for Prospective Cardiac Rehabilitation Patients

This form is to assist you in verifying information with your insurance company. Please be aware that some insurance policies provide partial or no reimbursement for Cardiac Rehabilitation services. In order to verify your coverage for these services please contact your insurance provider.

The following information will assist you when speaking with your insurance provider:

- **You are requesting coverage for: Cardiac Rehabilitation Phase 2 with continuous EKG monitoring.**
- **Your diagnosis code is:** _____
- **Your procedure code is:** _____

Representative at Insurance Company:

Name: _____

Phone Number: _____ Date of Call: _____

1. Is Cardiac Rehabilitation Phase 2 with continuous EKG monitoring a covered benefit? Yes No
2. If Cardiac Rehabilitation is covered, how many sessions are allowed: _____
3. Do you need a pre-authorization letter/number from the insurance provider before starting? Yes No
 - a. If you are provided a number, write it here: _____
 - b. If pre-authorization is needed, what do you need to do?

If an authorization is needed before your first appointment, we will work with you to get the authorization. I understand it is my responsibility to know the coverage guidelines of my insurance policy for cardiac rehabilitation services as provided in this worksheet. I understand that my insurance company may not provide coverage for certain services offered by Sparrow Rehabilitation Services. If I proceed with receiving services through Sparrow Rehabilitation Services, I will be responsible for any costs related to any service I receive that may not be covered by my insurance company.

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____