

Cardiac Rehabilitation Program Insurance Information

Welcome to cardiac rehab! Please read and fill out as much as you can.

Due to continuing changes in insurance coverage, we have found it important for you to do the following before you begin cardiac rehab!

Patient Name: _____ Age: _____

Date: _____

1. Name your primary insurance company: _____

Note: Medicare pays 80% of cost if your diagnosis is one of the following: Heart attack (within last 12 months), Bypass surgery, or stable angina.

Your secondary insurance company: _____

2. Call your insurance company and ask:

A. "Does payment cover outpatient hospital based cardiac rehab?"

Yes _____ No _____

B. "Will the diagnosis of the following be covered for this service?"

____ heart attack	____ angioplasty	____ stable angina
____ cardiomyopathy	____ heart failure	____ bypass surgery
____ heart surgery	____ valve surgery	____ other: _____

C. Ask: "Is there any deductible or co-pay?"

Yes _____ (Amount _____) No _____

D. Ask: "Are there limitation on number of days allowed in program?"

Yes _____ (# of days _____) No _____

E. Name of insurance company representative spoken to: _____

Name

Phone#

I understand that I must verify my insurance coverage for cardiac rehab services. I agree to be financially responsible for any services that are not covered by my medical insurance.

pt. signature