



# Hawaiian Rehabilitation Services, Inc.

KONA CLINIC • Phone: (808) 329-0591 • Fax: (808) 329-2066 • 75-165 Hualalai Road • Kailua-Kona, HI 96740

## WELCOME:

*Our goal is to help you back to physical health or help you learn to live successfully with your disability. We request your cooperation in making this a pleasant experience by following these guidelines:*

### FRONT DESK:

- \*Please sign in at the front desk prior to each therapy treatment.
- \*If you are financially responsible for your visits, stop at the front desk before leaving.
- \*Estimated patient portions are to be paid in full after the 1<sup>st</sup> visit and weekly. A final statement will be sent to you upon final insurance payment.
- \*Please arrive on time for your appointment. Even if you are only a few minutes late, the schedule may be thrown off for subsequent patients. New patients & re-admit patients need to bring in completed paperwork & arrive 10-15 earlier. The patients with completed paperwork will need 20-30 minutes for admit time before scheduled appointment. \*Please bring x-rays and/or medical reports that pertain to this injury, if available.

### CHILDREN/PETS:

Hawaiian Rehabilitation Services is not responsible for watching children who accompany the patient to therapy. If your child under the age of 9 must accompany you to therapy, please provide supervision by another adult. The presence of children can interfere with treatment or pose a safety problem to themselves or others. Only service pets are allowed, with service vest.

### TRACKING YOUR MILEAGE:

(Applies for WC patients or for Insurance willing to reimburse patient). \*Keep your appointment cards for your records, ie: for mileage reimbursement. We are not responsible for compiling these dates. If you should need these at a later date, there will be a charge of \$10.00.

### PATIENT ATTIRE:

Physical Therapy – wear or bring shorts or warm up pants, a loose fitting shirt, and foot attire safe for exercising (preferably tennis shoes).

Pool Therapy – bring bathing suit and towel.

Orthotics – wear shorts and shoes appropriate for shoe inserts (not slippers). Shoes cannot be old/broken down. Bring shoe inserts if you have them.

Patients exercising in the gym – you will be exercising with others, so please dress accordingly, and good hygiene is appreciated.

Physical Capacity Evaluation – tennis shoes or work boots and appropriate attire for type of work you do.

**\*\*Please notify our staff if you contract any infectious/contagious illness or open wounds, so precautions can be taken to protect you, other patients, and the staff.\*\***

### FINANCIAL POLICY: INSURANCE:

We will accept: No Fault Carriers, HMSA Plans, HMA, AlohaCare Plans, WC Carriers, Medicare, HMAA, UHA, Kaiser Permanente, VA, UHC Medicare Plans, Ohana (non-par).

Because we feel it is important for you to have a clear understanding of our office financial policy and fees for therapy, Hawaiian Rehabilitation Services (HRS) has prepared the following:

Some of these plans require the patient to pay a percentage per visit, copayment and/or an annual deductible. All calculations of insurance are estimates only, and may be subject to change when claims are processed by insurance companies. Aetna, Blue Cross, Private Insurance, and Personal Injury Claims are paid directly to the patient. Payment to HRS for these types of coverage must be made at the time of treatment by the patient. We will be glad to file a claim for you if the information provided is complete and accurate. It is your responsibility to know your insurance plan coverage. HRS is not responsible for controverted Workers Compensation claims or No-Fault benefits being exhausted. The patient will be responsible for any denied insurance claim and any outstanding charges on their account. We will file only one claim per billing period. If you find out the HRS services are covered under insurance while you are an active patient, HRS will bill the insurance for you, and covered services you paid for will be reimbursed to you after the insurance company renders payment. We will not file a claim if you have been discharged for 3 months, and insurance coverage was pending or not active while a patient at HRS.

### PAYMENT PROCEDURES:

In order to keep office expenses down and, therefore, patient costs down, we ask that all Private Pay patients pay at the time of each visit. If your check is returned, a \$25.00 fee will be charged to you. In the event your insurance company denies responsibility for payment, you will become responsible for payment of the balance in full. If you have secured an attorney regarding a personal injury settlement, payment of medical fees may be tied up in litigation for many months – even years. We are unable to take assignment in these cases and payment will be required at the time of the visit.

A monthly finance charge of 1.5% will be added to your balance after 60 days from the billing date.

**NO-SHOW/CANCELLATION:** HRS charges patients for “No-Shows” or cancellations with less than 24 hours notice. In addition, all patients are responsible for making up any missed appointments in the same week. If you no-show and do not confirm pre-set appointments, your appointment may be assigned to another patient.

Charges :Missed evaluation appointment \$45.00

Missed regular appointment \$25.00 Missed “PCE” appointment \$200.00 (charged to ins.company)

Patients will need to pay no-show charges at the front desk prior to being treated on the next appointment. We are sorry to do this, but too many times patients have had time reserved for them and then do not come in. This results in lost opportunities for other patients who could have been seen instead. If you have any questions regarding our financial policy, please discuss them with us.



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## NOTICE OF CONFIDENTIALITY PRACTICES

**IMPORTANT:** This notice deals with the sharing of information from your medical records.  
Please read it carefully.

This notice describes your confidentiality rights as they relate to information from your medical records and explains the circumstances under which information from your medical records may be shared with others. The information in this notice also applies to others covered under your health plan, such as your spouse or children. If you do not understand the terms for this notice, please ask for further explanation.

### YOUR RIGHTS

Under the new law, you have the right to:

- Inspect and request copies of your medical reports or to appeal any denial of your request.
- Request that your health care provider append information to your medical reports.
- Receive a notice of your privacy rights by your health plan and/or this office's practices.

### USES OF INFORMATION

This office uses your protected health information to provide you with health care services. Under the law, your health information may also be used by such entities as health plans for the following purposes:

- Payment to providers who provide you with health care services.
- Conducting quality assurance activities or outcomes assessments.
- Reviewing the competence or qualification of health care professionals.
- Performing accreditation, licensing or credentialing activities.
- Analyzing health plan claims or health care records data.
- Evaluating provider clinical performance.
- Carrying out utilization management/team conferences.
- Conducting or arranging auditing services in accordance with the statute, rule, or accreditation requirements.

Except for the purposes outlined above, your health information may not be disclosed without your authorizations.

### HAWAIIAN REHABILITATION SERVICES PRIVACY POLICY RELATING TO PATIENT RECORDS

Hawaiian Rehab Services has a policy of protecting patients by restricting access to their individual medical records:

- Insurance companies requesting information regarding treatment of a patient would be restricted to therapy reports and billing information as allowed by the patient's signature on their information sheet.
- Other entities which frequently request records are also restricted to therapy reports only, and only when authorized by the patient.
- Verbal communication with insurance companies, case manager, vocational rehabilitation counselors, and care coordinators is restricted to general information regarding compliance with the program and overall progress, and it is with verbal and/or written consent of the patient.
- Access to a patient's complete medical records is restricted to subpoena only.
- The patient may request a copy of their therapy reports, and will be required to sign a release consent form.
- Records that are sent to us from another healthcare provider such as correspondence, radiographic interpretations, operative reports, etc., are only released upon subpoena. Those individuals requesting these types of records would need to go to the source of the correspondent or report for a copy.