

Insurance Waiver Form

A. To be completed by Rex Healthcare Intake Specialist:

Patient Name:

Account #:

Date of Service:

Admitting Physician:

Name of Health Insurance Plan:

Scheduled Treatment
(procedure/service):

B. To be completed by patient or responsible party at the time of patient registration:

- All patients at Rex Healthcare will receive treatment deemed medically necessary regardless of their ability to pay for services rendered.
- I understand that I have elected to receive treatment and:
 - Do not have insurance coverage
 - Have not provided Rex Healthcare with current or complete insurance information
 - Insurance information has been provided to Rex and is pending verification of eligibility and benefits and any patient payment due
 - My treatment is reportedly not covered by my insurance plan
 - Will file a claim for liability insurance coverage
 - My physician has written an order for my discharge and continued stay is no longer needed or authorized by my insurance plan. The estimated cost for continued care stay is _____ per day based on recent charges
 - New insurance information was provided more than 24 hours after patient registration/admission. Notification of admission and insurance pre-certification provided once Rex Healthcare was informed of insurance changes.
- For services not covered, I agree to be personally and fully responsible for all charges.
- Complications and subsequent continued stay or aftercare arrangements are also typically not covered by insurance (if the related service is not covered). I agree to be personally and fully responsible for these related charges.
- If your service is pre-paid, you may be responsible for any additional charges associated with your treatment.

For financial assistance, you may call:

- Patient Financial Services - Customer Service (866) 687-7674

Signature of Patient/Guarantor

Date

Signature of Witness (Rex Employee)/Printed Name of Witness

Date