



SUMMARY FINANCIAL ASSISTANCE & PATIENT BILLING PRACTICES

Insurance and Billing Information

Brooks Rehabilitation strives to make it easy for you to understand your insurance benefits and out of pocket financial responsibility upon admission to any of our facilities or services. Our registration/admission teams will contact your insurance company to obtain your coverage information for the services you will be receiving at Brooks Rehabilitation and will explain to you what is and is not covered and what your financial responsibility will be.

Charges & Price Estimates

Our Business Offices can provide you with standard charges for services within each of our facilities. Your final bill from Brooks Rehabilitation will vary depending on the actual services provided, existing health conditions that may impact your care and your insurance coverage if you are insured. Also, our charges do not include physician fees. Physicians will bill you separately for their services. Physicians may or may not participate with your Insurance Plan and may or may not participate in the same health plans as Brooks Rehabilitation. We are only contracted with the Physical Medicine Specialists, Inc. (Brooks Rehabilitation Medical Group). This medical group does participate in the same health plans as Brooks Rehabilitation Hospital.

The FloridaHealthFinder.gov website was created to give patients access to data that will allow them to find accessible, affordable and quality healthcare. The website provides detailed healthcare information and data that will help consumers make informed health care decisions.

We also have a Financial Assistance program for those that qualify to assist with out of pocket expenses. For any questions you may have about your bill, contact one of our Business Offices:

- Inpatient Rehabilitation Hospital & Medical Group 904-345-7600
- Outpatient Services 800-418-0263
- Skilled Nursing, Assisted Living & GreenHouse 904-528-3017
- Home Health & Personal Care and Companion Services 904-722-1515

Financial Assistance Policy

If you do not have health insurance, we provide financial assistance for medically necessary care as a discount from our normal charges if your household income does not exceed four times the Federal Poverty Guidelines and you are a US Citizen. All applicants will be screened for Medicaid coverage and must cooperate with the Medicaid representatives to be considered for financial assistance. If you are eligible for financial assistance under our Policy, you will receive free or discounted assistance according to the following income criteria:

- If your annual household income is up to 200% of the Federal Poverty Guidelines, you may qualify for free care.
- If your annual household income is between 201% and 400% of the Federal Poverty Guidelines, you may receive care discounted to the amount we generally bill insured patients for such services.



Even if you have insurance, as long as you meet our income criteria, you may be eligible for financial assistance if: your insurance does not provide coverage for the medically necessary services you are seeking or you have exhausted your lifetime maximum insurance benefits. Financial Assistance can not be used to cover deductibles for your insurance plan.

Additional Ways to Qualify

If you do not meet the income criteria above, you may be considered on a case-by-case basis for financial assistance under the following circumstances:

- **Catastrophic Balance:** If you will have a balance due to Brooks Rehabilitation of greater than 25% of your annual household income, you may be considered for financial assistance.
- **Special Medical Circumstances:** If you are seeking treatment that can only be provided by Brooks Rehabilitation or you would benefit from continued medical services from BROOKS for continuity of care, you may be considered on a case-by-case basis for financial assistance for that specific treatment.

Charges Will Not Exceed Amounts Generally Billed

If you receive financial assistance under our Policy, you will not be charged more for medically necessary care than the amount we generally bill patients having commercial insurance or Medicare coverage.

How to Obtain Copies of Our Policy and Application

You may obtain a copy of our Policy and the Financial Assistance application form: (1) on the Brooks Rehabilitation website at www.brooksrehab.org, and (2) in our admission/registration areas or from any of our Business offices.

How to Apply and Obtain Assistance

Inpatient services: Application for Financial Assistance must be completed and approved prior to admission. Your Nurse Liaison will advise you.

All others: You may apply at any point in the scheduling or billing process by completing and submitting an application and providing income information.

Any Financial Assistance Application whether completed in person, online, delivered or mailed in, will be forwarded to the Business Services team for evaluation and processing.

If you need any help in applying, please contact our Business Office:

- Inpatient Rehabilitation Hospital & Medical Group 904-345-7600
- Outpatient Services 800-418-0263
- Skilled Nursing, Assisted Living & GreenHouse 904-528-3017
- Home Health & Personal Care and Companion Services 904-722-1515



Patient Billing and Collections

Brooks Rehabilitation strives to work with every patient that does not qualify for financial assistance, to resolve unpaid balances. Patient balances that exceed 120 days without payment or a payment plan arrangement will be subject to collections by our contracted Collection Agency. Prior to referring an account to the Collection Agency the Business Office will:

1. Mail at least 3 statements to the patient/responsible party to the address on file.
2. Attempt to contact the patient/responsible party by phone.
3. Send a pre-collection letter to the patient/responsible party to the address on file.

If the patient/responsible party communicates at any time that they refuse to pay the balance, then that will prompt the account to be referred to the Collection Agency.

Patient Resources

The following information is available within 7 business days upon request:

- Itemized Patient Statement
- Financial Assistance Policy and Application
- Cost Estimates for Non-Emergency Care

The following information is available within 10 business days upon request:

- Medical Records

If you would like to view our managed care contracts [CLICK HERE](#)