

## Welcome to the Virginia Mason Medical Center Sports Medicine

PATIENT NAME AND ID NUMBER	
Patients Name _____	
Patients ID Number _____	

Date: \_\_\_\_\_

### Patient Benefit Verification

In order to maximize your benefits, it is very important that you familiarize yourself with the policies and benefits outlined in your health insurance handbook. **Please read your handbook carefully.**

Most patients have insurance that covers all or part of their charges, but policies vary widely on which procedures and services an insurance company will cover. Because policies are often customized, we do not always know what your policy covers.

Should your health insurance handbook not specifically address these policies and benefits, please contact your health insurance's customer service department for policy and benefit verification. The customer service phone number is located on the back of your health insurance ID card.

Virginia Mason Seattle Main Campus is a licensed hospital based location. If you receive care at our Seattle Main Campus, certain outpatient services and procedures may have a hospital facility charge in addition to a professional (physician) charge. For more information related to hospital-based services, please refer to [www.VirginiaMason.org/Billing](http://www.VirginiaMason.org/Billing) & Accounts, the Virginia Mason's Sports Medicine Clinic Frequently Asked Questions handout or call (206) 223-6601.

**Please Note: Physical therapy, when performed in the Sports Medicine location, is considered an outpatient hospital based service and depending upon your insurance benefit plan, you may incur a deductible or coinsurance.**

#### Questions to ask your insurance company regarding services billed under Tax ID Number 91-0565539 and your benefits include:

1. Am I covered for hospital based outpatient physical therapy?
2. Do I need preauthorization? (The process by which a beneficiary is pre-approved for coverage of a specific medical procedure or service. Health insurance companies may require beneficiaries to meet certain criteria before they will extend coverage for some surgeries or services).
3. What is my copayment? (A fixed fee that beneficiaries to a medical plan must pay for specific medical services covered by the plan).
4. Do I have a coinsurance for hospital based outpatient physical therapy? (The percentage of a covered expense that a beneficiary must pay).
5. Do I have a deductible for hospital based outpatient physical therapy? (The amount beneficiaries pay out of pocket before their insurance begins picking up any of the costs of health care).
6. Is there a maximum amount my insurance will pay or a cap on my benefit?

**Services provided that are non-covered, or exceed the benefit maximum will be the patient's responsibility.** We can provide estimates of charges. For an estimate, please call Patient Financial Services at (206) 223-6715. Or, if you would like an estimate in person, please request to speak with a Financial Services Representative.