

PATIENT DATA :

Patient Full Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Work Phone: _____

May we contact you at work if needed? Y _____ N _____

Email Address: _____

Alternate Phone: _____

Social Security: _____

Date of Birth: _____ Sex: M _____ F _____

Employers Name: _____

Phone: _____

PCP Provider: _____

Phone: _____

SLP Provider: _____

Phone: _____

Device Purchased: _____ Not Purchased: _____

PLEASE FILL IN THIS PATIENT INFORMATION, MAKE A COPY OF THE FRONT AND BACK OF ALL INSURANCE CARDS, AND ATTACH A COPY OF ALL THERAPY NOTES. ONCE COMPLETE, FORWARD THIS PACKET OF INFORMATION TO HRSI FOR PROCESSING.

HRSI complies with all rules and regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

INSURANCE INFORMATION :

Primary Insurance: _____

Group ID: _____

Policy ID: _____

Name of Insured: _____

Claim Address: _____

City: _____ State: _____

Zip: _____ Ins Phone: _____

If you are not primary insured:

Primary Social: _____

Primary DOB: _____ Relation: _____

Secondary Insurance: _____

Group ID: _____

Policy ID: _____

Name of Insured: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Healthcare Reimbursement Solutions



Important Information Regarding Your Health Plan Coverage And Reimbursement

Healthcare Reimbursement Solutions, Inc.

Who is Healthcare Reimbursement Solutions, Inc. (HRSI)?

HRSI's mission is to assist patients in obtaining new technology products, procedures or devices through their insurance payers. We believe that patients have the right to receive the most innovative, clinically effective and minimally non-invasive products or procedures available today, without the direct cost being the responsibility of the patient - but that of the insurance payer.

With a proven track-record of success, HRSI has been assisting patients, physician, facilities and manufacturers since 1996 in several different healthcare specialties and fields.

Is there a charge for using this service?

In providing you with this brochure, your SLP or Provider has identified you as a possible candidate for the SpeechEasy device. **There is no charge to you for the use HRSI's services.** Janus Development Group, Inc., the manufacturer of SpeechEasy, is working with HRSI - in an attempt to obtain insurance coverage for the device.

What can HRSI do for me?

Healthcare Reimbursement Solutions, Inc. works directly with you, the patient, your SLP and your insurance payer in an effort to obtain the appropriate insurance authorization (or reimbursement) for your device.

In order to determine if your health plan will provide clinical acceptance and financial reimbursement for this procedure, your insurance company must first review your clinical history. HRSI will educate your insurance payer as to the clinical acceptance of this device, and will attempt to secure a financial amount for reimbursement.

Please be aware that although some health plans may make an immediate determination, most will require a minimum of 60 days to perform this review for coverage.

HRSI is offering to assist you, should you wish to determine if your insurance payer will provide coverage for the device - or if your insurance payer will reimburse you for an already purchased device.

What is required to get this process started?

In order to begin the process, you will need to provide the following information to HRSI:

- Patient Information Sheet (located on the opposite side of this brochure)
- Copy of your insurance card (front and back)
- Therapy notes (can be obtained from your Speech Therapist)
- PCP Referral for HMO Plans
- Copy of Invoice if device has been paid
- Copy of full correspondence with Insurance company

(Please fax or mail this complete information to the number or address below.)

While HRSI will make every attempt to obtain authorization and reimbursement, there are some insurance carriers that may not allow benefit for the device. HRSI will notify you of your authorization or denial. Should you have any questions about our company or the reimbursement process, please do not hesitate to contact a HRSI representative at (800) 908-2312.

H · R · S · I
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Reimbursement
Solutions

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