Name of Policy:	**Patient Financial Information**		
Policy Number:	3364-137-IR-11		THE UNIVERSITY OF TOLEDO 1872
Department:	Rehabilitation Services		
Approving Officer:	Chief Nursing Officer		
Responsible Agent:	Nursing Director, Rehabilitative Care Unit	**Effective Date:**	07/2015
Scope:	Rehabilitation Services-Nursing Services-Rehabilitative Care Unit	Initial Effective Date:	2/1998

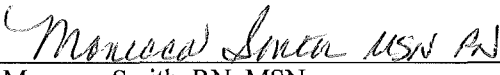|	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy Statement

Rehabilitation Services will provide the person served, family of the person served or the payer source of the person served a fee schedule of all applicable rehabilitation service fees. Facility representatives will assist in determining coverage for services and inform the patient, although the patient is ultimately responsible for knowing their coverage.

(B) Purpose of Policy

To allow informed decisions regarding health care services.

(C) Procedure

1. All persons admitted to the Coghlin Rehabilitation Center or receiving outpatient rehab treatment at UTMC will be informed of financial issues as they relate to their treatment.

2. In the event that information pertaining to the specific fees charged is requested by a person served, the person served will be referred to the Care Coordinator, Program Manager, or the Rehabilitation Services Director, who will provide and discuss the fee schedule with the individual.

Approved by:	Review/Revision Date:
Kelli Chovanec, MSN, RN 8/6/2015	9/98
Kelli Chovanec Date	9/99
Nursing Director, Rehabilitative Care Unit	10/2000
	4/2002
Monecca Smith MSN RN 8-6-2015	9/2003
Monecca Smith, RN, MSN Date	11/2004
Chief Nursing Officer	9/2006
	8/2009
Review/Revision Completed By:	7/2012
Kelli Chovanec	7/2013
	7/2014
	7/2015
	Next Review Date: 7/2016

Policies Superseded by This Policy: 23-IR-11

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.