

**MONTEFIORE REHAB MEDICINE ASSOCIATES
CARDIAC REHABILITATION CENTER**

1500 Blondell Ave,
Bronx, New York 10461
(718) 405-8471
Fax (718) 405-8424



SUPERVISED EXERCISE PROGRAM – FEE POLICY

Dear Member,

Please read the following policies regarding your financial responsibilities to us and sign below to show your understanding and acceptance of our fee policies.

1. Medical services:

- If you are a NEW member entering our program, you will have a comprehensive evaluation including a review of your medical history, preparation of an initial exercise prescription and an exercise orientation class which will take approximately two (2) hours. In addition, your electrocardiogram will be monitored throughout your exercise orientation session and interpreted by our staff physician.
- Approximately once per month, a review and revision of your exercise prescription will be made by our exercise specialist as needed.
- We will submit charges for the above services to your insurance carrier(s) and accept insurance assignment. It is your responsibility to furnish us with signed insurance forms. If you do not have insurance coverage, please inform our business manager.

2. **ALL** payments made to you by **ANY** medical insurance carrier for services rendered by our program shall be forwarded to us immediately and in full upon receipt. A monthly interest charge of 1.5% will be applied to your account if payments made to you by your insurance carrier are not turned over to this office in full within 14 days of receipt.

Please Initial: _____

3. You are responsible for the *ANNUAL DEDUCTIBLE* applied to your insurance policy.

Please Initial: _____

4. If you do not wish to continue membership in the exercise program, you will receive a prorated refund on the balance of your payment.

I acknowledge that I accept the terms of the supervised exercise program fee policy and I will be responsible for my payments as per terms of this fee policy.

Signature: _____ Date: _____