

**COAST REHAB SERVICES**  
**Insurance/ Billing Payment Agreement**

Please be advised that if you choose to use your medical insurance benefits to pay for your services at COAST **as a courtesy to you**, we will submit your claim to the insurance company.

We encourage you to contact your insurance company **directly** and obtain specific limits, benefits, deductible, or any other information regarding your rehab treatment at COAST. **\*Copays are due at time of service.**

Also, please be aware that even though every attempt is made to collect from your insurance company, you are **ultimately responsible for payment of your charges incurred at COAST**.

I have read and understand the above.

\_\_\_\_\_  
**Name (print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**