

ProHealth & Fitness PT OT – APOS, Physical and Occupational Therapy T: 212.600.4781 F: 800.655.3780

www.ProHealthPTOT.com

HealthFirst beneficiary – THERAPY acknowledgement updated 5/25/23

NAME:	DOB:	Date:	/	_/	
OUR VALUED PATIENTS:					
For the past few months, ProHealth's status as has been in question.	s an in-networ	k provider for H	lealthFirst	t beneficiai	ries
ProHealth has never received written commun	ication from H	ealthFirst that v	we are no	t in netwo	rk.
However, some of our patients have informed us that they received letters from HealthFirst stating that ProHealth is not in network with HealthFirst.					
A number of patients have informed us that the status, and have been told that ProHealth no lead network, this is not true.	•		•		
On 5/24/23, after multiple inquiries, ProHealth received an email from HealthFirst's Ancillary Services Contractor, who wrote: "Please note, our records indicate the facility is in network."					
ProHealth has received some approved authorization requests almost daily, yet some patients have received letters stating that ProHealth is not in network.					
Nonetheless, confusion exists, and we feel the need to provide as much information as we have at this time. We will continue to do so, as we work tirelessly to enable HealthFirst beneficiaries to benefit from the skilled care that our providers and staff provide.					
 The are ongoing discussions about the future relationship between HF and ProHealth; Until the issue with HF is resolved, ProHealth will continue to provide services pursuant to an authorization from HF; In the event that HF subsequently denies to reimburse for services that were authorized, ProHealth will appeal the claims and has no intention of balance billing the patients. However, under no circumstances will patients be relieved of his/her cost-sharing obligations (co-pay, coinsurance and/or deductible). 					
PATIENT NAME:	ADMI	N REP:			
SIGNATURE:	SIGNA	ATURE:			
DATE:/	DATE	:/.			