

## CLINIC POLICIES

### THERAPY SERVICES:

#### CLINIC HOURS:

Services are scheduled by appointment only.

HOURS: Monday – Wednesday, 9 am to 8 pm

Thursday-Friday, 9 am to 6 pm

#### TREATMENT SESSIONS:

30-minute appointments are based on standard professional half hour sessions, and includes treatment and parent conference.

Note: Parents and care givers are required to stay on premises during appointment session. We need to be able to find you if there are concerns.

#### TREATMENT TIME:

Direct therapy services are provided during the treatment time according to the patient's treatment plan.

#### CONFERENCE TIME:

Progress, exercises, and/or home assignments are reviewed. If more time is required, please notify your **therapist** prior to starting the appointment so the treatment time can be adjusted to include the extra time needed for conference, which is part of the treatment session.

#### TRANSITION TIME:

Therapists require *transition time* between appointments to get ready for the next patient, so please be considerate of the therapist's time during the conference portion of your appointment. If you feel you need additional time, please notify your therapist so you can arrange this extra time at your **next** session.

#### APPOINTMENTS:

Your appointment is a reservation for professional time reserved **exclusively** for you. Cancellations are very costly to the therapists and this business. If you are unable to keep your reserved appointment, **notice is required by 5 pm the day before scheduled appointment** so that another patient may be able to utilize the appointment time. Also, please be advised that there may be patients waiting to schedule appointments for make-ups and/or evaluations who could use your appointment time.

SCHEDULED TIME:

Therapists strive to stay on schedule and appointments are not overbooked; however, ***there may be circumstances that could result in a delay in starting your appointment.*** When a therapist is off schedule, we apologize for this inconvenience and appreciate your patience.

LATE ARRIVALS:

Therapists cannot overlap into the next patient's appointment for late arrivals. Late arrivals may be subject to a shortened appointment, rescheduling, or being seen by another available therapist.

RESCHEDULED APPOINTMENTS:

Rescheduling canceled or missed appointments is recommended and can often be rescheduled with any therapist, subject to availability.

OBSERVATION IN TREATMENT ROOM:

Observation ***within*** the treatment room is allowed at any time; however, a visitor's presence may be distracting to the patient, which adversely affects patient performance. In cases of difficulty with parent-child separation, please consider the professional judgment of your child's therapist in attempting to foster social independence, which may also be a treatment goal.

REFUSAL OF SERVICES:

We reserve the right to refuse treatment services to anyone at our sole discretion for reasons of behavior, lack of compliance with clinic policies, or any other issues that we feel might affect the safety and/or wellbeing of our staff and/or clientele.

**CANCELLATIONS:**

CANCELLATIONS: See Separate Clinic Cancellation & No-Show Policy

EXTENDED ABSENCES:

Your reserved appointment time may be held for you in cases of extended absences due to vacation or illness for a period up to 2 weeks with notification. We may utilize your appointment time in your absence for other appointments such as make-ups, etc.

## **AUTHORIZATIONS:**

### PRECERTIFICATION FOR SERVICES:

Pre-certification requirements for health plans vary. In some cases, however, pre-certification is **required** before services can begin. It is advisable to obtain a written prescription for services from the patient's physician. Pre-certification may not be the same as a "written authorization" for services. Many health plans will state a typical disclaimer that "benefits and coverage cannot be determined until a claim is processed."

### EXPIRED AUTHORIZATIONS:

Our insurance coordinator will make every effort to coordinate authorizations and re-authorizations in a timely manner as needed to provide your services. If other outside information is required for the authorization, such as an IEP or physician's prescription or signature on a report, we will allow 30 days prior to the final date of the current authorized treatment period for the required documents to be submitted in order to process the authorization.

In some cases, existing authorizations can be extended for a few days beyond the original authorization period in order to continue services without interruption. **However, we cannot provide services if we do not have a current authorization that will cover dates of service beyond an expired authorization.** We also regret that we will not be able to reserve treatment times for clients who allow authorizations to expire without submitting requested documentation.

## **FINANCIAL:**

### PAYMENTS:

**Payments for therapy visits are due at the beginning of the session.** Payments made for multiple appointment co-pays, cost shares, and/or charges must be made in advance. Fees for supplemental programs (reading, etc.) are due per class, or on the 1<sup>st</sup> day of class for the full amount of discounted prepaid classes.

### PAYMENTS BY CARETAKERS/RELATIVES:

**Payments for therapy visits are due at the beginning of each session, regardless of who brings patient to the appointment.** Parents are required to provide appropriate forms of payment to this office when other caregivers and/or relatives bring patients for their appointments. In lieu of sending cash, check, or other forms of payment, a signed Credit Card Authorization form will be expected.

### CO-PAYS / COST SHARE:

Co-pays or patient cost shares **must** be paid in full at the time of service. In cases where patients / parents wish to make advance payments for multiple visits, patient co-pays or cost shares must be paid in full on or before the applicable time period.

POLICYHOLDER OBLIGATION:

You, the insured, serve as the “TEAM LEADER” for your speech benefits and coverage under your health plan. For in-network clients, our office files claims and offers claims management services *as a courtesy*.

Policyholders remain responsible for notifying this office of changes in insurance policies or plans *prior to the effective date of change*. It remains the policyholder’s obligation to monitor number of visits provided for all types of therapy service, deductibles, policy changes, and claims for accuracy. *Outstanding patient balances as a result of insurance determinations become due when notified*, unless other arrangements have been made. Prompt payment is expected and may be processed over the phone and/or via a signed Credit Card Authorization form.

PROMPT INSURANCE PAYMENT EXPECTED:

While your health plan benefits and coverage may include “speech benefits”, whether “comprehensive” or “selected”, this is simply a method of payment for services provided to you. We expect prompt payment from your insurance company *within 15 business days* for claims filed electronically. In the event there are delays in processing any of your claims, we may ask that you contact your insurance company promptly to help us resolve these delays. In the event there are outstanding unpaid claims in *excess of 60 calendar days*, you may be billed for these charges.

PATIENT BILLING:

This business does not bill patients in arrears for services provided because payments are due per visit in order to keep consumer costs down.

Patient account statements are issued only upon request. Invoices for patient services, fees, or other charges as applicable will be issued upon patient account reconciliation. Guarantors may be notified verbally or in writing, and will be invoiced promptly for any payments owed for patient services that are outstanding, resulting from adverse insurance determination, and/or missed appointment fees. Payments are due upon notification or receipt.

CREDIT BALANCES:

Should you incur a credit balance for any reason, you will be offered the opportunity to utilize the credit balance for your cost share payments or receive a refund of your credit balance. *Reimbursements to patients will be processed within 30 days after patient account confirmation and will be issued within 30 days after processing.*

NOTE: If there are outstanding amounts owed by insurance companies in excess of 60 calendar days, then your reimbursement check may be suspended, reduced by the amount owed, and/or otherwise delayed until your insurance account can be settled.

PAST DUE ACCOUNTS:

Past due accounts may be subject to a collections process. The guarantor of the account remains liable for any and all collection costs including reasonable attorney’s fees, court costs, and other related expenses necessary to collect and settle past due accounts.

PAYMENT METHOD:

Cash / Checks / Discover, MasterCard, and Visa

CREDIT CARD AUTHORIZATION FORM:

This signed form may be expected when persons other than parents will be bringing minor patients to this facility for services, or in cases of collecting outstanding balances on patient accounts.

RETURNED CHECK FEE:

\$35.00 per returned check

**GENERAL:**

CHILD SAFETY:

Please monitor your child/children and provide appropriate supervision at all times.

DURING A CHILD'S APPOINTMENT:

Parents and care givers are required to stay on premises during appointment session. We need to be able to find you if there are concerns.

WAITING ROOM:

Please help us keep our waiting room clean by disposing of waste in a designated trash can and by honoring our request that ***no food or beverages (except water)*** be consumed in the waiting room.

CELL PHONES IN WAITING ROOM:

We ask our clientele to be considerate of others in the waiting room when making or receiving ***cell phone calls***. Calls of a private nature should be taken outside the office. We also ask that cell phones be turned off, or placed on "silent mode" if observing treatment sessions and/or during conference time.

RESTROOMS / WATER FOUNTAINS:

Public restrooms and drinking fountains are located in the main lobby of the building for your use. Our office is equipped with restroom that is designated for ***patients*** who need to use the restroom during their appointments. Please utilize the public restrooms located in the

main lobby of this building while waiting. Children under age 10 years ***must be accompanied by an adult. For young children parents maybe requested to assist their children.***

ILLNESS:

For everyone's health and well-being, do not bring sick or contagious children into the office. Please be considerate of medically fragile children who might be present and who could become seriously ill if exposed to ordinary illnesses.

If your child becomes ill during his or her appointment, you will be asked to assist your child and take him or her home. If you have left the premises during your child's appointment when your child becomes ill, our staff will make every effort to contact you while we help your child feel comfortable until you arrive.

In case of serious or life-threatening emergency in which you, another parent, or authorized adult caregiver ***cannot*** be reached immediately, we will take whatever emergency action is needed based on our best available judgment at the time, including calls to ***911***. Parents remain liable for any and all emergency related costs incurred by the clinic on their child's behalf during the parent's absence.

If you bring a child in for an appointment who does not feel well, we may ask you to reschedule the appointment based on our knowledge of the child.

In consideration for the health and well being of your child other patients and clinic staff, children must be fever free without medication for at least 24hrs prior to returning for treatment. In case of conjunctivitis (pink eye), etc., our office will follow CDC guidelines.

PETS:

For everyone's sake, please do not bring pets inside this facility. Parents of patients with service animals are required to notify clinic staff at least 24hrs prior to appointment.

QUESTIONS:

If you have any questions, please ask the office staff or director, or call (210) 495-9944.

Thank you for your business. We look forward to providing services for you or your child.

*Barbara A. Samfield*

Barbara A. Samfield, MA-CCC/SLP  
Owner/Director