



## CLINIC POLICIES

### THERAPY SESSIONS:

CLINIC HOURS: All

therapy services are scheduled by appointment only. "Walk-in" appointments are not accepted.

HOURS: Monday – Thursday, 8am – 6pm (CLOSED FOR HOLIDAYS – SEE BELOW)

**New Year's Eve and Day**

**Martin Luther King Holiday**

**Spring Break (following Auburn City School calendar)**

**Memorial Day**

**4<sup>th</sup> of July**

**Labor Day**

**Thanksgiving Holiday (Wednesday through Friday)**

**Veteran's Day**

**Christmas Holiday (3-4 days bordering Christmas Day)**

\_\_\_\_\_(Initials) TREATMENT SESSIONS: Session times are based on standard professional appointment times. Speech/language therapy, as well as feeding therapy sessions, will be a duration of 30 minutes. Occupational therapy sessions will vary from 30-60 minutes. Your scheduled day/time is a **weekly** standing appointment. If you feel the need to discuss anything with the therapist, please notify him/her prior to the start of the session so that he/she is able to allow 5 minutes at the end of the session to discuss any concerns and/or answer questions.

CONFERENCE TIME: If clients or family members would like time to review progress, exercises, and/or home assignments, please request this of your therapist prior to starting the appointment so the treatment time can be adjusted to include the extra time needed for conference, which would be considered part of the treatment session.

TRANSITION TIME: Therapists require a few minutes between appointments to get ready for the next patient and/or take a restroom break, so please be considerate of the therapists' time in between Appointments. If you feel you need additional time, please notify your therapist so you can arrange this extra time at your next session

\_\_\_\_\_(Initials) 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 the 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.

\_\_\_\_\_(Initials) LATE ARRIVALS: Therapists cannot impose on the next patient's appointment as the result of a late arrival time. Late arrivals may be subject to a shortened appointment, rescheduling, or being seen by another available therapist. **If a client shows for a treatment session more than 7 minutes late for speech therapy or 10 minutes late for occupational therapy (per insurance regulations), the session will be cancelled and it will be considered a "no-show".**

MAKE-UP APPOINTMENTS: Make-up appointments are 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. Observations in the room during a formal evaluation are discouraged.

\_\_\_\_\_(Initials) 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:** 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. The clinic must be notified of any extended absences ahead of time.

#### **AUTHORIZATIONS:**

\_\_\_\_\_(Initials) PRE-CERTIFICATION 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 order 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 or guaranteed until a claim is processed." **The guardian or client is responsible for informing us of visits used at other facilities within the plan year. We make every effort to track visit limits and numbers; however, you are ultimately responsible for ensuring all visits are covered.**

EXPIRED AUTHORIZATIONS: Our insurance specialist will make every effort to coordinate authorizations and re-authorizations in a timely manner as needed to provide your services. Other outside information may be required for the authorization, such as an IEP or physician's prescription or signature on a report. 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.

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.

**DEDUCTIBLES/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. Please note that while we make every effort to calculate accurate deductibles and copays, complex insurance calculations and other medical claims on your policy can result in varying amounts.

**POLICYHOLDER OBLIGATION:** You, the insured, serve as the “TEAM LEADER” for your speech and/or occupational 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 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.

**PROMPT INSURANCE PAYMENT EXPECTED:** While your health plan benefits and coverage may include “speech benefits” and/or “occupational 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, you may be billed for these charges.

**PATIENT BILLING:** Payments are due per visit at the time of the scheduled appointment. Invoices for patient services, fees, or other charges as applicable will be issued upon patient account reconciliation if requested. 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.

**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 by the 15th of the current month, and checks will be issued by the 15th of the following month. NOTE: if there are outstanding amounts owed by insurance companies, 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.

**AGREEMENT TO PAY:** I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.3%), attorney fees and/or court costs, if such be necessary.

You agree, in order for us to service your account or to collect monies you may owe, Auburn Therapy and Learning Center LLC and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I/We have read this disclosure and agree that Auburn Therapy and Learning Center LLC, its employees and/or agents may contact me/us as described above.

**PAYMENT METHOD:** Cash/Checks/MasterCard/Visa/Debit Cards

RETURNED CHECK FEE: \$35.00 per returned check

**GENERAL:**

CHILD SAFETY: Please monitor your child/children, including those not receiving treatment, and provide appropriate supervision at all times.

\_\_\_\_\_ (Initials) LEAVING DURING A CHILD'S APPOINTMENT: **Leaving during a child's appointment is highly discouraged, especially for 30-minute appointments. If you must leave, notify office staff. You must return at least 5 minutes prior to the end of the child's appointment. Emergency contact information must be on file with the office. We do not have sufficient staff to provide supervision for your child until you return.**

SMOKING AND USE OF TOBACCO: In order to maintain a safe and comfortable working environment, smoking and all forms of tobacco products are prohibited within the office, as well as on the outside sidewalk of our and adjacent offices. Please be mindful and respect others.

WAITING ROOM: Please help us keep our waiting room clean by disposing of waste in a designated trashcan and by honoring our request that no food or beverages (except water) may 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 are turned off, or placed on "silent mode" if observing treatment sessions and/or during conference time.

RESTROOMS: Public restrooms are located through the left hallway of the office for your use. Please understand that these restrooms are utilized by staff, clients and clients' families, so your help in maintaining cleanliness is greatly appreciated.

ILLNESS: For everyone's health and well-being, please 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 whom does not feel well, we may ask you to reschedule the appointment based on our knowledge of the child.

QUESTIONS: If you have any questions, please ask the office staff or office manager on duty, or call 334.734.5511. Thank you for your business. We look forward to providing services for you or your child!

**Client/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_