

## POLICIES & PROCEDURES

Revised 9/25/2009

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the services you receive at Pediatric Advanced Therapy. We are required by law to inform you of the "class of persons" who will have access to your medical information in order to carry out their job duties. This would include our therapy staff, administrative & billing staff and management. We may use and disclose your medical information for the purpose of treatment, payment and health care operation activities.

**All evaluations are billed at \$400.00** and can take up to 2 hours. It is the responsibility of the parent/guardian to bring all pertinent information to the evaluation. This includes your insurance card, Medicaid card, and any medical history and/or past evaluations your child has received. You will need to be present for the first 20 minutes of the evaluation so that the therapist can ask you some questions. The remainder of the evaluation time will include clinical observation and in most cases, standardized testing. For liability reasons, we can only allow the children who are being treated into the gym and therapy rooms. **Siblings MUST stay in the lobby, NO EXCEPTIONS.** We will schedule a follow up appointment the following week with the evaluating therapist so that they can gather more information about your child.

**Occupational Therapy treatment is billed at \$112.00 per session.** A session lasts for 50 minutes. Following the session is a 10 minute window to discuss your child's therapy. It is mandatory that you are in the lobby during this 10 minute time frame. Please have your child use the restroom prior to the treatment session.

If you leave the clinic while your child is in session, you **MUST** leave a phone number where you can be reached. You must return to the clinic before your child's session ends. This allows time for the therapist to speak with you regarding your child's treatment and progress, and also keeps the next client's session on schedule. **Please note: If your child has any of the following conditions it is mandatory that you remain on the premises during his or her therapy session. These conditions include: Seizures, severe allergies, significant behavioral issues, and any condition that requires medicine to be controlled. This is for the safety of your child and the protection of our staff.** If you arrive late for your session, your appointment will still end at the original end time.

Please try to give 24 hour notice when canceling an appointment. (Occasional last minute emergencies are understood.) If you call after hours, please leave a message on our answering machine. Frequently cancelled appointments (3 within a 6 week period) will be basis for removal from our permanent schedule. When we establish a treatment plan for your child, we base our goals on the child having consistency. If your child misses appointments, they will not meet their goals as quickly, and your child will have to be enrolled in therapy for a longer period of time. The success of our treatment sessions depends on consistency. Medicaid and insurance companies require us to show progress towards goals. In the event that you do have to cancel, we strongly encourage you to schedule a make up appointment, even if it is with another therapist. It is often beneficial for your child when another therapist treats him or her because it gives the regular attending therapist another opinion or ideas for your child. Our staff is always in close communication with each other.

In the event that the therapist needs to cancel, we will reschedule your child with another therapist for continuity of treatment.

Failure to cancel or to appear for an appointment is considered a "NO SHOW." We will charge a \$30.00 fee for "NO SHOW" appointments. After 3 "NO SHOW" appointments or late cancellations your appointment spot will be terminated.

At Pediatric Advanced Therapy, we will file with your insurance company as a courtesy. It is important for you to understand that when we contact your insurance company to verify benefits, they are only providing us with a quote. You should also call your insurance company to verify your benefits and check your benefits in your plan booklet. Many insurance plans have a limited number of visits for outpatient therapies. It is your responsibility to keep track of the number of visits your child has used. **Verification of coverage is NOT a guarantee of payment. Benefits and payment will be determined by your insurance company once the claims are received.** Any payments not covered by insurance or Medicaid will be the sole responsibility of the parent/guardian. **All payments are due at the time of service.** We are required under contractual agreements with insurance companies to collect co-payments at the time of service. If you have a deductible that has not been met you should be prepared to pay the full allowable amount at each visit until your deductible is met. *(Many people are often confused about how a deductible works. If you have a \$500 deductible, this means that your insurance company will not pay any money towards your medical expenses until YOU, the member have spent \$500 of your own money towards medical expenses.)*

- ⇒ **I understand that I MUST return before my child's session ends.** \_\_\_\_\_ (please initial here)
- ⇒ **I understand that I will be billed for "NO SHOW" appointments.** \_\_\_\_\_ (please initial here)
- ⇒ **I agree to the payment terms listed above.** \_\_\_\_\_ (please initial here)

**I have read the Policies & Procedures listed above and have received a Notice of Privacy Practices from Pediatric Advanced Therapy.**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

