

SPEECH THERAPY OFFICE POLICIES
Client Rights, Office Policies, Financial Agreement

Consent for Treatment: You hereby consent to such treatment procedures and client care which, in the judgement of your provider and/or physician, may be considered necessary or advisable while a patient of Premiere Speech and Hearing.

Office Policies:

- 1. Treatment Sessions:** Sessions are carefully pre-planned for your child. Your child will work directly with the Speech-Language Pathologist for the bulk of the session, leaving approximately 5 minutes at the end to talk with the parent and/or write a brief treatment note. It is the commitment of this practice to keep to the schedule. Please be considerate of the person following you. If you require an extended conversation with your provider, have it at the beginning of the therapy session or schedule a time for a meeting or phone conference. Meetings and phone conferences cannot be billed to the insurance company and will be billed to the patient at our customary hourly rate.
- 2. Schedule:** Coming late for an appointment will result in a shorter appointment time for the patient. Co-payments, deductibles, or patient payment will still be collected in full.
- 3. Attendance:** Consistent attendance is important for therapy to be successful. Please understand that if an appointment is missed and we do not receive a cancellation call to (610)454-1177 or 717-661-1055 at least 24 hours in advance of the appointment time to cancel, you may be charged a fee for the missed appointment of \$45.00. This fee is not a charge covered by, nor submitted to the insurance. Additionally, excessive cancellations within a given month may result in the termination of my therapy sessions. We do understand that there are times when missing an appointment are unavoidable. Illness, poor weather conditions and family emergencies will come up for both the patient and the provider. We will do our best to provide adequate notice for any need to reschedule appointments. If you or your child are running a fever, vomiting, having diarrhea, or have missed school due to illness, please call to reschedule your appointment.
- 4. Continuity of Care:** Our providers work closely with each other. If your provider is out of the office (vacation or illness), you/your child will have an opportunity to schedule with another therapist to continue without interruption.
- 5. Home Practice:** As per the American Speech-Language-Hearing Association, progress in speech therapy cannot be guaranteed. However, extending the lesson of the treatment session into the home is critical for maximum progress. For parents who are not on site at the time of the sessions, a communication plan should be determined directly with the SLP at the start of treatment and modified as needed during treatment. Options include e-mail, notebooks, phone calls and meetings.

6. **Visiting our Office:** When visiting our office for treatment sessions, we would appreciate your consideration in the following matters:
- A quiet waiting room as sound travels easily to the treatment rooms.
 - Restrict cell phone use to outside the office.
7. **Financial Agreement:** As noted above, if Premiere Speech and Hearing is contracted with your insurance company, we will file your insurance claims for you and agree to accept assignment based on the insurance companies fee schedule. You understand that the following conditions apply:
- You understand that you are ultimately responsible for any portion of your bill that your insurance company does not pay.
 - Payment is expected within thirty (30) days from receipt of billing.
 - You understand that regardless of the type of insurance coverage you may have, policies are a contract between yourself and the insurance carrier. Furthermore, you are ultimately responsible for payment.
 - You accept responsibility for providing us with a current, valid insurance card for the purposes of identification and verification of your insurance coverage. If your claim is denied because of lack of coverage or because your insurance company does not pay for the services rendered, you will be responsible for the entire balance on your account.
 - You will be responsible for the collection of any copayments, deductibles and co-insurance amounts as deemed by the insurance company.

The following codes will be used for insurance billing:

Procedural Code:	
Diagnostic Code:	

Authorization for Payment/Assignment of Benefits: You authorize Premiere Speech and Hearing to bill services you receive payment from the payer source confirmed with you at the time of admission. You hereby request and authorize payment directly to Premiere Speech and Hearing of any Medicare, insurance or third party benefits otherwise payable to you for services. Co-payments, deductibles, co-insurance and any supplies that insurance does not cover are the responsibility of the patient and are due at the time of visit or it will be billed directly to the patient. The insurance company stipulates that there is no guarantee of payment. Claims submitted will be paid in accordance with the member's eligibility status and all benefit plan provisions and limitations at the time the service/procedure is actually rendered. You understand that it is your responsibility to notify Premiere Speech and Hearing of any and all changes in payer sources for these services. You understand that you are financially responsible to Premiere Speech and Hearing for charges not covered by this assignment and consistent with the state and federal law. Premiere Speech and Hearing may release any information concerning you in order to support any request for payment. **A 1.5% monthly finance charge, not to exceed 18% annually, will be added to patient balances over 90 days.**

Patient Name: _____ Date: _____

Signature of Responsible Party: _____ Date: _____

Front Office Representative: _____ Date: _____