

WELCOME TO...



## OFFICE POLICIES AND PROCEDURES

We, Renee Matlock and the Associates of Speech Plus, are pleased to provide your child speech-language and learning intervention services. We are committed to maintaining the highest standards possible for your child's optimum progress. Comments regarding your experience with our practice are always welcome. This information helps us meet your individual needs and maintain quality services for our clients.

We have found that clarity at the beginning of a clinical relationship fosters a good working partnership. In order to prevent confusion or misunderstanding regarding our policies and procedures, **READ AND RETAIN** the following information for your reference.

### HOW TO CONTACT

You may contact the office by calling (815) 464-6069 twenty-four hours a day. When no one is available to answer personally, you may leave a message of any length. Your call will be returned as soon as possible.

### TREATMENT SESSIONS

Sessions are carefully pre-planned for your child. Your child will generally work directly with the speech language pathologist or other professional (SLP/OP) for the bulk of the session, leaving 5 minutes at the end to talk with the parent and /or write a brief treatment note for the chart. It is a commitment of this practice to keep to the schedule. Treatment sessions do not run over their allotted time. If a client is late, the session will end at its regularly scheduled time and be billed at the regular rate. Please be considerate of the person following you. If you require an extended conversation with your child's SLP/OP, make alternate arrangements for another time at the end of your child's treatment session. For parents who are regularly not on site at the time of the sessions, a communication plan should be determined directly with the SLP/OP at the start of treatment and modified as needed during the course of treatment. Options include e-mail, notebooks, phone calls and meetings.

When visiting the office for treatment sessions, we would appreciate your consideration in the following matters:

- **Please do not drop off your children early or fail to pick them up promptly after appointments. We are not in a position to provide child-care coverage.**
- You are welcome to use toys and books available in the waiting room, but please pick up after use.
- Please supervise your child at all times.

There is no additional charge for "routine" case management activities (planning, chart keeping, brief coordination calls.) Periodically it is desirable and necessary to participate in more extensive case management activities to assure proper coordination of communication about services. Therefore, with parental notification, conferences with parents, teachers and other professionals, school observation, and lengthy telephone consultations will be billed at the hourly rate.

### ATTENDANCE

When you schedule an appointment, that appointment becomes your child's reserved time. Once that appointment is made, you must commit to being here, the same way the professional is committed to being here. It is a shared commitment which will only work if both parties take it seriously. Consistent attendance is essential to achieve your goals and/or your child's goals. For this reason, it is strongly encouraged that all cancelled sessions be rescheduled. We will do our best to reschedule at a day and time convenient to you.

### CANCELLATION POLICY

A great deal of effort goes into arranging your treatment schedule. It is important to realize that this therapy time is being held especially for you. Clients who make the best and most rapid progress are those who diligently follow the recommended treatment schedule.

If you must cancel an appointment, please call us at 815-464-6069 at least four (4) hours prior to your scheduled appointment. You can leave a message at any time of day. You will be charged for the entire session if you fail to cancel four (4) hours prior to your appointment. This charge is the responsibility of the client or parent/guardian and will not be reimbursed by your insurance company or other third party payor. Excessive cancellations (more than 25% of your scheduled sessions during any thirty day period) will result in discharge from active therapy.

**NO SHOW POLICY**

Failure to call our office to cancel your scheduled treatment session is referred to as a “No Show”. As is our current policy, you will be charged for the entire session if you fail to keep your scheduled appointment and you do not contact our office to cancel. This charge is the responsibility of the client or parent/guardian and will not be reimbursed by your insurance company or other third party payor. If you have three “No Shows” you will be discharged from active therapy.

**CONFIDENTIALITY AND RELEASE OF INFORMATION**

We respect your confidentiality in all matters. If you would like us to release information about your evaluation and/or treatment to another agency or professional, please request our standard Release of Information Form from the office. Upon completion of the form, we will release the appropriate information. Release of health care information will be provided in accordance with the Health-Care Privacy Act.

**BILLING AND COLLECTION POLICIES**

**Private Pay Clients:** Payment is expected at the time services are rendered. For those insurance companies we are not contracted with, we will supply you with a HCFA-1500 form (upon receipt of session payment) so you may file for reimbursement.

**BlueCross BlueShield PPO:** Please note that we bill directly to Blue/Cross Blue Shield (PPO) only. Whether or not your insurance company pays in full, a portion, or denies coverage, is a matter between you and your insurance carrier. You are ultimately responsible for the bill for services rendered. Further, you are responsible for all charges incurred prior to meeting your annual deductible.

Co-pays are due at the time of service. Bills for outstanding co-insurance balances are sent at the beginning of the month. **YOU ARE ASKED TO PAY THE BILLS UPON RECEIPT.** A late payment charge of \$15.00 per month will be charged for bills unpaid within 30 days of the date of the invoice. A \$25.00 service charge will be required for any returned checks. If an invoice is unpaid after 60 days, treatment services will be suspended until the account is current.

It is your responsibility to inform our office immediately if there are any changes in your insurance status. Failure to do so may result in non-payment from BCBS and the balance of your account will be your responsibility.

Speech-Language Pathology Services qualify as a medical deduction for tax purposes. Therefore, we advise you to keep your invoices for your tax and insurance records. Consult with your accountant regarding IRS deduction regulation.

Thirty days notice will be given in advance of any fee increases for treatment services.

**Evening and Saturday Appointments:** The administrative staff is available to take your payments or answer questions Monday through Thursday, from 9:30 am to 6:00 pm and Friday from 9:00-12:00. If your appointment is scheduled outside of these hours, leave the payment with your child’s therapist and a receipt will be mailed to you.

***My signature on this form acknowledges that I have reviewed, understand and agree to the Office Policies and Procedures of Speech Plus. The Information Practices and Privacy statement is posted in the waiting room and copies are available upon request.***

\_\_\_\_\_  
Signature of Patient or Patient’s Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name