Karen Dulyunan, M.S. CCC-SLP
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2016 SPEECH THERAPY FINANCIAL POLICIES
CAREFULLY REVIEW THE POLICIES OUTLINED BELOW

We would like to thank you for choosing Sugar Land Speech and Language and for allowing us to provide your family's healthcare needs. The policies listed herein have been carefully reviewed with the goal of providing you and your child the finest care and service at the least cost.

Responsibility for the Bill:
It is the expectation that all patients/ guarantors receiving services are financially responsible for the timely payment of all charges incurred. The clinic will submit to participating insurance companies for payment of the bill(s) as a courtesy to the patient. The patient/guarantor is ultimately responsible for payment and agrees to pay the account in accordance with the established rates per our current fee schedule and terms of the clinic in effect at the present time.

Balances after insurance reimbursement are due within 30 days of the insurance payment, unless other satisfactory arrangements have been made with the clinic.

Not all services are covered by all insurance companies. It should be understood that by accepting the service(s), the patient is responsible for payment regardless of the fact that insurance covers the service or not.

Outstanding Bills:
Sugar Land Speech and Language reserves the right to request deposits and payments for outstanding balances. Deposits will be used on the outstanding balance plus the patient's share of the bill for the new services to be performed.

All outstanding balances 120 days past due will be sent to a collections agency. Sugar Land Speech and Language reserves the right to refer the account to an attorney and/or collection agency for attainment of the outstanding balance.

Clients with Self-Pay:
The rate for evaluations, therapy, testing, report writing, school visits, travel time and consultations will be $200/ hour for Speech Therapy. Reduced rates are offered and will be based on income level.

I understand that I, as a self pay client, may submit claims to my insurance company and that the clinic, per an established arrangement, will provide me with a monthly billing statement that includes all of the necessary information for submission such as diagnosis and procedure codes, dates of service, and this clinic's tax identification number.

Clients with Insurance:

Verification of Insurance:
Because of the wide range of insurance plans in effect, the clinic will verify insurance coverage, deductibles, and other limits, prior to acceptance for payment of services. This information is NOT a guarantee of actual reimbursement.

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Pre-Certification:
Sugar Land Speech and Language will make every effort to pre-certify all services and procedures, provided that the clinic is supplied with the necessary information. Not all insurances require pre-certification for an evaluation or treatment. Subsequent treatment will require pre-certification utilizing a letter of medical necessity. Pre-certification and prior authorization does not guarantee payment of services. The parent/guardian of the child being seen at SLSL is ultimately responsible for payment of services if the insurance company does not pay within 45 days.

Clients with Medicaid:
Sugar Land Speech and Language verifies eligibility for clients with Medicaid and/or CHIP every 1st of the month. The parent/guardian of the child being seen at SLSL is ultimately responsible for re-enrolling their child in Medicaid every month and updating the staff at SLSL if there are any changes with insurance that affects their eligibility. SLSL cannot hold any therapy slots for clients who no longer have eligibility.

Rejected Claims:
Coverage issues can only be addressed by your employer or group health administrator. Although our assistance is available, SLSL cannot act as my mediator on your behalf. SLSL will provide you with the necessary forms to file an appeal.

Client Scheduling:
I understand that a treatment session consists of **30-50** minutes of direct treatment. 30 minutes consist of 25 minutes of direct treatment, 5 minutes of consultation/note writing. 45 minute sessions are 38 minutes of direct treatment, 7 minutes of consultation/ note writing. A 60 minute session is 50 minutes of direct treatment, 10 minutes of direct treatment, writing treatment notes, treatment planning, and preparing the clinic environment for each child's individual needs. If additional time is needed for consultation, it can be provided by scheduling a meeting with the therapist or scheduling a phone consultation.

I understand that once my weekly treatment appointment schedule has been determined, this clinic is often unable to accommodate changes on a temporary basis. When a permanent change in time is needed, I must give as much advance notice as possible for the clinic to attempt to accommodate this request. A change may necessitate a change in therapist as well. When a therapist must initiate a permanent change in schedule, the therapist will give me at least a two weeks' notice and try to accommodate my needs.

I understand that in order to receive maximal benefit from treatment, it is important for treatment to occur routinely, practice homework that is assigned to me/ my child, and to follow up with referrals to specialists made by the therapists. I understand that notification of vacations or family obligations is at least requested at least two weeks prior to the expected absence, to facilitate rescheduling the appointment(s).

Cancellation Policy (privately insured, self-pay clients).
I understand that for sessions cancelled with less than 24 hours notice, a cancellation fee of $25 will be charged. This fee may be waived if a session is rescheduled within 5 days. No-show sessions will be charged at $60/ session without exception. Cancellation and No show fees will be due prior to scheduling any further appointments. I understand that sessions cancelled with more than 24 hours will not be charged a cancellation fee. Repeated cancellations may result in the loss of my regularly

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scheduled timeslot. SLSL realize unexpected circumstances and illness may arise, and SLSL will address these on a case-by-case basis.

Cancellation Policy (Medicaid clients)
I understand that I must make 75% of my speech therapy sessions per month. 2 no-shows within the 6-month authorization period will result in the immediate dismissal from therapy. 2 late cancelations (canceling on the same day of therapy) in a row will result in a probationary status: you must attend, on time, 4 out of 4 of your next therapy sessions in a row.

Reminder text messages
SLSL sends a courtesy reminder text/ email/ phone call at noon the previous day that will help me to remember, confirm, cancel, reschedule my appointment. These reminders are sent by a 3rd party and SLSL cannot receive text messages in return. I understand that the same cancellation policy applies with this reminder service.

Weather
It is my responsibility and in my best interest to call the clinic to confirm my appointment prior to traveling in bad weather. SLSL follows the Fort Bend ISD closures due to weather. Families may cancel treatment if they do not wish to travel because of poor road conditions. I understand that in the event of canceling an appointment less than 24 hours notice due to inclement weather, I will not be charged the cancelation fee.

Cancelations by Therapist:
I understand that when the therapist is ill or on vacation, every effort will be made to provide a substitute therapist to provide continuity of service. The clinic will make every effort to schedule a therapist at my regularly scheduled appointment time. Every effort will be made to notify me with changes in scheduling.

DO NOT SIGN THIS FORM UNTIL THE DAY OF YOUR APPOINTMENT. THIS WILL ALLOW YOU TO ASK QUESTIONS FOR CLARIFICATION OF OUR POLICIES AND OUR STAFF CAN WITNESS YOUR ACKNOWLEDGEMENT THEREAFTER. A COPY WILL BE PROVIDED FOR YOUR RECORDS.

_____
Client Name and Date of Birth

_____
Signature of Responsible Party

_____
Witness