

# EDUCATION AND THERAPY ASSOCIATES

## OFFICE POLICIES

*Education and Therapy Associates* is committed to providing your child with the best possible care. To achieve this goal, I need your assistance, your understanding and your compliance with my office policies. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time. A minimum of three weeks' notice is required to allow for adequate closure to the therapy process. That revocation will be binding on ETA unless I have taken action in reliance on it, or if you have not satisfied any financial obligations you have incurred.

Although these documents are long and sometimes complex, it is important that you read them carefully before work with your child can begin. We can discuss any questions you have about the procedures after you have read the entire document.

### **CONSULTATION APPOINTMENTS**

A consultation appointment is appropriate if your child has had previous testing or if parents are uncertain about how to proceed with treatment. Appointments may take place by phone or in person and are billed at \$196 per hour, pro-rated.

If your child has had previous testing, I request that you to send me hard copies of all test reports, as well as the completed Patient History Form and a signed copy of this Office Policies Form. I will review the information you send me and get back to you promptly to set an appointment.

My goal is to provide the best therapy service I can for your child, and I also want to minimize the amount of testing your child undergoes—for his/her sake and to minimize your financial costs. However, at times, some supplemental testing is necessary for me to write the most effective treatment plan possible. If I feel this is the case, I will discuss it with you.

### **THERAPY APPOINTMENTS**

When you accept scheduled therapy times, you have contracted for a specific amount of professional time on a weekly basis. In order to reserve that weekly schedule, I require your child's attendance on a consistent basis. Most patients are seen for two or three sessions weekly, with appointment times of 60 minutes in length. Appointments begin at the agreed upon time, not when you arrive. It is important to be on time because your child's appointment cannot be extended beyond the scheduled time. Other people may have reserved that time. To achieve maximum progress, an active home practice program is strongly encouraged. As a parent, if you are unable to maintain home practice with your child due to your own schedule, you may want to consider hiring a home 'tutor' to assist with this aspect of treatment. Direct therapy is usually concluded about 5 minutes before the session is over in order to review the exercises for home practice and to answer any questions you may have. All conversations need to take place during your child's scheduled therapy time.

If my training and expertise is not compatible with the needs of your child, or if I feel your child may benefit from the services of another professional I will make a referral. You must understand that I do not purport to offer a guarantee or cure, but I will work with you diligently to help your child achieve his/her fullest potential.

**Telephone Contact:** If you need to speak with me between appointments, you may leave messages on the confidential office voicemail. I will respond as soon as possible during normal business hours, unless the outgoing voicemail message indicates that the office is closed. I do not check messages in the evenings (typically after 6:00, on weekends or any other time voicemail indicates I am out of the office.) For brief phone consultations of less than 10 minutes, there is no charge. For extended calls over 10 minutes, you will be charged according to the prorated hourly fee.

### **CANCELLATION POLICY**

As a professional, I reserve large blocks of time on a consistent weekly basis exclusively for your child. As such, it is my policy to charge for missed appointments and for repeated cancellations. Missing an appointment or two often leads to much additional practice, results in loss of interest and often actual resentment on the part

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of the patient. In every case, missing therapy sessions places serious doubt on the eventual outcome of therapy. If something comes up and you need to reschedule or cancel an appointment, I ask that you do so as far in advance as possible. Requests for appointment changes or cancellations must come through the office, either in writing (hard copy note) or by phone at (408) 356-7603. Cancellations via messages by email or cell phone are not acceptable. **You will be billed for the full session fee for any appointment cancelled without appropriate notice.** For appointments during the regular school year, I require three (3) full business days' notice to cancel an appointment. Cancellations during holidays or for school vacation days must occur at least 14 days in advance. My policy for the summer therapy session differs and is discussed on a separate policy form. You will not be charged for a late cancellation if I am able to work out a make-up session at a mutually agreeable time within the same week of your child's original appointment. My appointment schedule is usually full therefore I am not able to reschedule make-up appointments outside of the week of the originally scheduled appointment. NOTE: Please be aware that most insurance companies will not reimburse for missed sessions, making you responsible for the entire fee.

**Repeated Cancellations:** Your child's progress requires consistent attendance to all scheduled sessions, and repeated cancellations can seriously jeopardize the therapy outcome. In addition to being detrimental to the therapy process, canceling your child's appointments also results in lost professional time for the therapist. Since I strive to maximize each child's progress, and because of the business need to maintain a full therapy schedule, it is my policy to charge for canceling more than three regularly scheduled appointments during any six-month time span, regardless of the reason or the amount of notice given. Excessive cancellations may mean that I am not be able to reserve your child's therapy times in the future.

**Terminating Therapy:** Ending therapy is a normal part of the process and is a process we will discuss together in our progress conferences. You have the right to end therapy at any time. If you decide for any reason to terminate your child's therapy sessions, you need to put your intent in writing giving at least three weeks notice. All sessions scheduled during the 3-week period must be paid for, regardless as to whether or not your child attends them. To gain the most benefit from our work together, I believe we need to have a few sessions to review your child's progress with you and your child, to detail therapeutic strategies and how these should continue to be implemented, and to generally wrap up our work.

**BILLING RATES**

Individual therapy is billed at the rate of \$196.00 per hour. Testing, conferences and report writing is billed at \$270.00 per hour. Checks are to be made payable to Education & Therapy Associates.

There is no charge for brief (less than 10 minutes) treatment-related telephone consultations with parents or collateral professionals (clinicians, school staff, teachers, etc). Fees for additional services, such as more in-depth telephone conversations with you about your child, or consultation with others (physicians, teachers, other professionals...) attendance at school meetings, etc., are based on the nature/ extent of the service in accordance with our hourly session rate. As the situation allows, these will be discussed with you prior to the service.

**FEE DISCLOSURE FOR NON-COVERED COSTS**

Although many insurance providers may cover my professional services, some services that patients need are not covered by insurance. Letters, paperwork, and consultations with physicians and other professionals are just some of these services that are of considerable value to my patients. This type of work, once an infrequent inconvenience, now requires a substantial amount of my time outside of scheduled appointments. Often this work requires an additional two hours to a full day of appointments. Therefore, the following charges will apply:

**Professional Services:**

Telephone calls >10 min., extended emails	Pro-rated at \$196 per hour
Letters to schools, physicians, etc.	\$270 per hour
Insurance paperwork	\$270 per hour
Comprehensive chart reviews	\$270 per hour
Consultation w/ schools, physicians, parents...	\$270 per hour

<b>Office Services and Fees:</b>	
Medical Records to non-providers	\$1.25 first 25 pgs, then \$.50/page (as per state law)
Duplicate Billing Statements	\$25.00 per month
Up to two cancelled appointments >72 hrs.	\$0
Missed appointments, late cancellations or more than 3 cancellations in a six-month time period.	Pro-rated appt time at \$185 per hour
Returned checks	\$50.00
Late fee for delinquent accounts	\$50.00
Interest charge for delinquent accounts	1.5% compounded monthly

### **FINANCIAL /PAYMENT POLICIES**

Payment can be made in the form of check or cash at the beginning of each session, or you may pay monthly. If you prefer monthly payments, you will be billed at the first of each month for the previous month's therapy, and payment is expected by the 15<sup>th</sup> of that month.

\*A deposit will generally be required to confirm first-time evaluations/consultations once that initial appointment has been set.

\*Please note there is a \$25 re-billing fee for every statement requested after the first billing.

\*After 90 days with no payments or effort to arrange payment, accounts will be turned over to Associated Recovery Systems, Inc. for collections and will impact your credit rating.

### **AVOIDING UNPAID BALANCES**

To keep my professional fees from increasing every year, I must continually strive to keep my business costs under control. One way to accomplish this is by minimizing expenses associated with repeated billing and collecting. For this reason, I must require that your account be settled by the 15<sup>th</sup> of each month for the previous month's therapy. If adverse circumstances temporarily interfere with your ability to pay your entire balance, speak to Karee Weber, and at her discretion we may extend your account for an additional 30 days. After 30 days, your account will be assessed a late fee and will begin incurring interest charges.

I realize that temporary financial problems may affect timely payment of your account. If such problems do arise, I encourage you to contact the office promptly for assistance in the management of your account. If you have any questions about the above information or any uncertainty, PLEASE don't hesitate to ask. I am here to help you.

### **INSURANCE INFORMATION**

Your insurance is a contract between you, your employer and the insurance company; I am not party to that contract. If you plan on utilizing your health insurance, please note that my professional services will be charged to you and not the insurance company. Monthly statements are generated and mailed or emailed to you. Required insurance information, such as diagnosis, will be included on the statement. Your monthly statement can be submitted directly to your insurance provider for out of network benefits or tax-free medical spending accounts. It is up to you to verify coverage of outpatient language therapy with an out of network provider.

### **ACKNOWLEDGEMENT**

I have received a copy of this document, I have read it, and I understand the policies described in it. Any questions that I have had about these office policies have been answered to my satisfaction. I have been furnished a copy of this document. I understand that I am entering into a binding agreement with Karee Weber, M.A., CCC-S and consent to evaluation and/or treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date