

OFFICE POLICIES and BILLING REQUIREMENTS

1. We are only Blue Cross Blue Shield (BCBS) and Harvard Pilgrim providers; however, this is not a guarantee of payment. Families are responsible to inquire about their individual benefits and whether they will be reimbursed for any services received in our office. In the event that claims are not paid, you are responsible for payment in full. **If your family has a deductible that must be reached in each calendar year, services will be applied to that deductible.** Families with BCBS or HP will be billed any deductible, copayments or co-insurance that may apply. We will bill BCBS or HP for your child's assessment. Unfortunately, they will not reimburse for the required written documentation.
2. The fee for the Treatment Plan is \$250.00 payable the day of your child's initial evaluation and all subsequent re-evaluations.
3. If your insurance plan requires a referral, you are responsible to contact your child's pediatrician's office to request. In the event your visits are denied, you will be responsible for any non-covered services at private pay rates. Please provide our NPI number 1992862940 to process referrals.
4. Families that do not carry an insurance we take are charged at a rate of \$800.00 for a comprehensive speech and language evaluation or a feeding evaluation. Payment in full is due on the day of your child's evaluation/consult.
5. A charge of \$150.00 per session of individual speech, language, and feeding therapy will be billed monthly for families paying privately for services. Phone consultations that exceed beyond 15 minutes in length will be pro-rated. You will receive a monthly statement reflecting any payments owed for services received.
6. A family seeking reimbursement from an insurance company other than insurances we take must understand that we are not responsible for billing that insurance company, filing an appeal for denied coverage, nor do we accept payments from that insurance company. You are considered private pay and will be billed monthly for your visit(s). Any reimbursement from an insurance company must be received directly by you.
7. Payments must be made to us in a timely manner while you are attempting reimbursement from any other insurance company.
8. Please note that we will not release any report unless your account is current.
9. Payment in full is to be made monthly, upon receipt of bill. Checks should be made out to Children's Speech & Feeding Therapy, Inc., and mailed to 464 Hillside Ave, Suite 2, Needham, MA 02492. In addition we take Visa, Mastercard, and Discover. Bills that remain unpaid will be subject to collections and possibly legal action.
10. An adult **must** accompany children at all times in the waiting area. In addition we ask that you monitor their behavior. Running down the hall or destructive behavior in the waiting area is not permitted for safety concerns.

11. If you are fifteen or more minutes late for your appointment we cannot bill insurance in which case you will be billed privately for that day's session.
12. If you must cancel a scheduled appointment, please do so at least twenty-four hours in advance. If you cancel a therapy session fewer than twenty-four hours in advance, you will be charged a fee of \$150.00. If you no show to an appointment a fee of \$150.00 will be billed to you. This will only be excused in cases of emergency or sudden illness.
13. Please do not bring your child to therapy when s/he is ill, has a fever, or a persistent cough. Children do not benefit from therapy when they don't feel well. We ask that you assist us in minimizing exposure to other children and their families.
14. Consistent attendance is essential to success in therapy. If you miss greater than 20% of your scheduled sessions, we reserve the right to terminate therapy services.
15. Off-site conferences (such as a school IEP meeting) will be billed at the consultative rate of \$150 an hour in 15 minute increments. If distance traveled exceeds fifteen minutes per leg, you will be billed the difference at the regular hourly rate.
16. All accounts that go beyond 30 days past due may be transferred to Transworld Systems, a national collection agency, for accounts receivable assistance. You will first receive a letter stating a past due balance. If from then on a balance remains unpaid you will continue to see collection activity until resolved. We ask that you call the office immediately if you find yourself in a financial situation for other payment options.
17. Our clinic operates throughout the calendar year. This schedule provides children with the maximal opportunity for progress in therapy. Therefore, we only allow families to take up to two weeks off during the summer months.
18. Please see your clinician when planning spring, fall and winter vacations as certain terms may apply. Let your clinician know as soon as possible when planning time away from therapy

I have read and accept the policies of Children's Speech & Feeding Therapy, Inc. I understand that I am legally responsible for timely payment of this account.

Your Child's Name

Parent/Guardian Signature

Date