



Wake Pediatric Speech Therapy

CARY office:
1157 Executive Circle
Suite B1, Cary, NC 27511

Contact Information:
(P) 919-593-8104
(F) 919-882-8110

CLAYTON office:
9933 U.S. 70 Bus. Hwy W.
Clayton, NC 27520

Patient Notification of Policies and Procedures

PARENT PARTICIPATION:

Parents are welcome and encouraged to attend their child's speech therapy session. At Wake Pediatric Speech Therapy PLLC, we aim to work with families as a team to help your child meet his/her goals. We encourage and provide follow up home activities to help with generalization and carryover of learned speech and language skills.

Siblings may also observe speech therapy sessions as long as they are not distracting to the child in therapy. Children under the age of eight years should not be left unattended in the waiting area.

EVALUATIONS:

An evaluation is required prior to the initiation of therapy. We offer free screenings for articulation, language, social interaction, feeding/swallowing, and fluency. Formal evaluations are required to determine if speech therapy is warranted and are offered in the following areas: articulation, expressive language, receptive language, pragmatic (social) language, feeding/swallowing, augmentative and alternative communication, and fluency (stuttering). Prior evaluations from other facilities or schools are accepted provided they are current and relevant. Any school IEP and corresponding progress reports are requested for consistency in therapy planning. All evaluations administered by Wake Pediatric Speech Therapy PLLC will include a written report to explain all administered tests, list and summarize all results/scores, as well as a list of recommendations.

THERAPY:

Speech therapy goals and service delivery are planned for each child based on evaluation results, speech pathologist recommendations, and parent input. Sessions may occur in either 30 minute or 45 minute sessions, depending on the need of the child.

MISSED APPOINTMENTS:

_____ (please initial) All client cancellations require at least 24 hour notice. Cancellations without 24 hour notice will incur a \$25 missed appointment fee which is not covered by insurance. Special consideration may be given to emergency situations. Children who receive services through Early Intervention (CDSA) or who have Medicaid cannot be charged this fee but we still ask for advanced notice for any missed appointments.

_____ (please initial) If any client no shows for three consecutive appointments, the therapist has the right to discontinue services.

All sessions that are scheduled during holidays will be cancelled unless prior arrangements are made with the therapist to reschedule.

If sessions are missed due to therapist absence they will be rescheduled whenever possible depending on availability. You will be notified with at least one week's notice for any planned absences.

FINANCIAL POLICY:

OFFICE APPOINTMENTS: Deductibles and copays not covered by your insurance policy are due at the time services are rendered. Please leave payment in the Payment Dropbox located in the waiting area.

_____ (please initial)

CDSA APPOINTMENTS (home/daycare): You will receive an invoice at the beginning of each month for all sessions that occurred the previous month. Payments are due by the 15th of each month.

_____ (please initial)

Failure to make payment in accordance with company policy will result in services being suspended until payment is received. If payment is not received within 30 calendar days, your account may be sent to collections. _____ (please initial)

Personal checks, cash, HSA accounts, and credit cards are accepted.

INSURANCE:

Wake Pediatric Speech Therapy PLLC is an in network provider for Aetna, Blue Cross Blue Shield, Cigna, Coventry, United Healthcare, as well as Medicaid and Healthchoice. Clients are responsible for understanding their insurance company's policies and coverage.

It is important to understand that all speech therapy services are ultimately charged to you, not to your insurance company. While we will assist in filing claims, payment for speech therapy services is ultimately your responsibility. Wake Pediatric Speech Therapy will not enter into a dispute between you and your insurance company regarding a claim.

OTHER FEES: A \$25 fee will be charged for checks with insufficient funds. In the event that payment is not received in full and on time as required then interest on such past due amounts shall accrue at a rate of 15%, until paid in full. In the event collection efforts are necessary then any costs incurred, including attorney's fees and court costs shall also be due and payable as part of any past due amount.

It is important that we are informed of any change in insurance company or policy, change in phone number or address as this may affect reimbursement.

LIABILITY POLICY:

All Speech Pathologists working for Wake Pediatric Speech Therapy PLLC have their national certification of clinical competence through the American Speech Language Hearing Association. They are also licensed by the North Carolina Board of Examiners for Speech Pathologists and Audiologists to practice speech pathology within the state of North Carolina.

All speech therapy services and goals will be reviewed and agreed upon with parents/patients prior to the first session. Parents will not hold any therapist responsible for any claims or damages of any kind, for injury

to any person or persons and / or for any damages due to loss of property arising directly or indirectly out of participation in speech therapy sessions.

HIPAA and PRIVACY POLICIES:

Wake Pediatric Speech Therapy PLLC complies with all applicable guidelines for HIPAA to protect patient privacy. Patient information is kept in a private, safe, and secure location. Evaluation reports, progress reports, and therapy notes may be sent to insurance companies, referral sources, or doctor’s offices for the purpose of providing continuity of care or to obtain reimbursement. This information may be sent one time via U.S. Mail or fax. If any additional requests for this information are made, it will be given to the parent to send to the appropriate place.

Many of our families prefer email as a primary means of communication. When we send you an email, or when you send anyone on our staff an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the email is received by you, someone may be able to access your email account and read it.

Email is a very popular and convenient way to communicate for many families, so in their latest modification to the HIPAA act, the federal government provided guidance regarding email and HIPAA compliance. This information is available in a PDF (page 5634) on the U.S. Department of Health and Human Services website: <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>

The guidelines state that if a patient/family has been made aware of the risks associated with sending protected health information via email, and that same patient/family provides consent to receive health information via email, then a medical/therapy company may send that patient/family personal health related records (evaluation reports, progress summaries, etc.) via unencrypted email. If you give permission to use email as a means of communication about your child, please initial below:

 (please initial)

ACCESS TO PATIENT RECORDS:

Wake Pediatric Speech Therapy shall maintain patient records and files in accordance with its internal record retention policies. If patients or guardians desire to retain copies of patient’s records for any reason, a copy of such file may be provided upon request unless otherwise prohibited by state law or such file has been destroyed due to age or other policy requirement. Wake Pediatric Speech Therapy will maintain the originals of such records unless otherwise agreed. Any copy request may be assessed a fee of \$15.

I have read, understand, and agree to all policies and procedures described above. I give my permission to Wake Pediatric Speech Therapy to disclose any necessary information to my insurance provider for processing claim information. In the event that my insurance company does not pay for services rendered, I understand that it is my responsibility to pay the full balance due.

Signed: _____ Date: _____

Relationship to Patient: _____