

## Policy and Procedures

**“Client” refers to the child and his/her parents.**

In order to reduce confusion and misunderstanding between our clients and Rock Therapeutic Services, we have adopted the following policies. If you have any questions about the policies, please discuss them with the clinic director, Adrienne Rock, or the Office Manager, Todd Storch. We are dedicated to providing the best possible care and service to your family and regard your complete understanding of your responsibilities as an essential element of the care and treatment of your child.

### FINANCIAL RESPONSIBILITY

- Rock Therapeutic Services is currently a preferred provider in the Aetna, Cigna, First Choice, Molina, Regence and Premera insurance networks. Please refer to your benefits handbook or contact your insurance company to determine whether or not speech-language therapy is a covered service.
- Rock Therapeutic Services may verify the client’s benefits as a courtesy. Quoted benefits are not a guarantee of benefits, the client is ultimately responsible for verifying their own insurance benefits.
- Rock Therapeutic Services will submit insurance claims to the primary insurance company on the client’s behalf. The client is responsible for submitting claims to their secondary insurance, if applicable.
- Not all of Rock Therapeutic Services are covered by insurance. Meetings, consultations, and absences that do not conform to our cancellation policy are not covered services and will not be billed to private insurers.
- Insurance claims can take 2-4 weeks to process. Once Rock Therapeutic Services has received an Explanation of Benefits (EOB) from your insurance company you will be sent an invoice for the remaining balance due.
- Payment is expected within 30 days of the invoice date. After 30 days the client’s credit card on file will be billed for any remaining balance.
- Please note that co-payment is due at the time of service.
- We currently accept cash, check, Visa, Mastercard, and American Express. Please make checks payable to Rock Therapeutic Services. There will be a \$34.00 service fee for all returned checks.
- **The client is ultimately responsible for all charges of rendered services.** If the billed insurance company determines that the services are not a covered benefit, Rock Therapeutic Service will complete the appeal process once on the client’s behalf, unless prohibited by your insurer. However, during the appeal process you may be billed for outstanding balances.
- If after one appeal your insurance company continues to deny coverage, it will become the client’s responsibility to continue to pursue the appeals process. Rock Therapeutic Services is willing to aid you with continued appeals, such as providing copies of requested paperwork.
- If the appeals process is successful and payment is received from the client’s insurance company, the client may choose to apply the payment towards future balances or to receive a refund check.

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### FEE SCHEDULE

Please contact our office for current fee schedule.

### CANCELED/MISSED APPOINTMENTS POLICY

- **Non-Emergency: 24 Hours Notice**

This includes anything that is not designated by “emergency “ (see below) such as pre-planned doctor appointments, family events, parties, sporting events, lack of baby sitter, etc. The session must be canceled with 24 hours notice or it will be subject to a \$75 fee. If cancellations become excessive for non-emergency purposes, then the client may lose his/her weekly slot in the therapy schedule. If your school pays for your sessions, this is not covered and the parent will have to pay the missed session fee.

- **Emergency: Cancel by 10am**

Emergency cancellations are due to client illness, illness of a family member, or other unforeseen circumstances. These sessions must be canceled by 10am on the day of therapy or it will be subject to a \$75 fee. If your child does not go to school, you should call first thing in the morning to report the illness. It is understood that on some occasions children are sent home late in the day. If this happens on occasion beyond the family’s control, you will not be billed. If your school pays for your sessions, this is not covered and the parent will have to pay the missed session fee. Please do not bring your child with a fever, strep, diarrhea, vomiting or any highly contagious illness. In general if they are too sick for school they are too sick for therapy.

- **Inclement Weather: Cancel by 10am**

When a storm is expected, or the roads are dangerous the office usually closes. It is understood that some clients may live far away, and while the office may not be closed, you may choose to stay home with your child. In this case you must follow the procedure for EMERGENCY cancellations and call by 10am that day if you think you would prefer not to travel or you may be billed a \$75 fee.

### ALLERGIES / DIET RESTRICTIONS

- When you register your child for therapy, you will fill out an Allergy/ Diet Restrictions form. This form is kept in the child’s file which is present during every therapy session. It is crucial for every child to have this form filled out even if your child has no allergies. If you have food preferences or diet restrictions please make sure this is noted on the form. If you have not filled out this form or need to make changes please do so as soon as possible.

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### DROP OFF / PICK UP TIMES

- Parents must pick up their children promptly 10 minutes prior to the therapy session ending time.
- Clients and siblings should remain in the waiting room until greeted by a therapist. Please do not ask our therapists, administrative staff or receptionist to watch your child.
- During therapy, parents are welcome to observe, wait in waiting room, or run errands.
- Typically, the therapist will allocate 5 minutes at the end of the session time to briefly discuss the session with the client's parents. If a parent would like more time to discuss their child's progress, they should let the therapist know beforehand so it can be planned for accordingly and still allow for an on-time end to the session. Parents are encouraged to schedule a consultation meeting if they have a number of issues they would like to discuss.

### OBSERVATIONS / REPORTS

- Other professionals, therapists, etc. are welcome to observe our therapy. We do ask for notice if someone other than the parent wants to observe.
- Siblings should not be left unattended while parents are observing therapy. Siblings also should not accompany parents during observations, as it may be distracting to our clients. If siblings are present it is preferable that they wait in the waiting room area during therapy with adult supervision.
- If you would like a formal report written about your child, please ask your child's therapist via email or in writing. Please allow 2 weeks for this report to be completed. If you would like the report to be sent out to other professionals (school, outside therapists), please indicate that in your request.

### CONFIDENTIALITY

- Rock Therapeutic Services will keep all personal, medical, and insurance information confidential. Client information will only be released upon receipt of a signed and dated Healthcare Information Release form. Consent for a release of information may be withdrawn by the client at anytime with a written notice signed by the client.
- A copy of all evaluation and progress reports will be given to clients, parents, or guardians. Additional copies will be distributed to those persons with authorization based on the Healthcare Information Release form on file.
- If a client has requested that their insurance company be billed for therapy services, information will be shared with the client's insurance company as needed to submit claims for services provided, as well as other information requested by the insurer to determine eligibility, benefits, and claim status.
- Rock Therapeutic Services therapists will not discuss a child's diagnosis, session, progress, and behavior with the child's tutors, friends, or nannies without the parent's written consent.
- We may communicate with clients via email, phone and mail.

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### FORMS

The following forms must be reviewed and completed prior to therapy services:

- Registration
- Developmental History
- Consent for Private Therapy
- Allergy/Diet Restriction
- Referral from your physician, if required

In addition, copies of current Individualized Education Plans (IEPs), evaluations, re-evaluations, physician reports, and progress reports are helpful in therapy planning and may be required by insurers.

### CONTACT INFORMATION

- If you change your insurance, address, phone number or e-mail please let our staff know. We will update your file immediately.
- We can be contacted by phone: 425.358.7160 or by email: [Todd@rocktherapyservices.com](mailto:Todd@rocktherapyservices.com) as needed.

**You will be asked to sign this agreement when you arrive for your appointment at Rock Therapeutic Services. We need a true "signature" on file before we start therapy. By signing below you acknowledge that you have reviewed, fully understand, and accept the terms stated within this policy.**

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Parent Signature

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Date