



## PSLT POLICIES

### **BILLING:**

Services billed to insurance companies/3rd party payers will be based on specific services rendered during the session. You are responsible for payment of all services not covered by insurance. You are responsible for ANY denied claims, including services deemed “not medically necessary”. You will be held financially responsible for those services. It is your responsibility to understand limitations on your coverage, and to acquire a referral/prescription from your child’s pediatrician.

If your insurance company fails to reimburse for services after 90 days, you are responsible to pay for services. Should they eventually pay, you will be fully refunded.

If you change insurances at any time, and do not notify us of a change in coverage prior to us billing your new insurance, *we will NOT be responsible for denied coverage due to lack of pre-authorization or for any other reason. You will be held financially liable for those service dates.*

If you have an insurance carrier with whom we do not have a contract, we will courtesy bill your carrier for you. You will be responsible for all charges not covered by your insurance, as per the ‘out of network’ benefit of your specific plan.

Non-insurance billable fees for all patients, including travel costs, consult fees, meetings, observations, report writing, are charged at our hourly rate unless otherwise negotiated in writing prior to the date of service.

All accounts are subject to *interest charges* when 60 days past due in the absence of contact with our billing office regarding a payment plan.

*We are not contracted with state plans such as Medicaid/DSHS/AppleCare/Molina, etc. and do not bill them for services.*

Please contact our billing department directly to make payments via PayPal and/or to address questions regarding your bill. Their contact info:

billing@medipostinc.com or Phone: 888-698-6488, Ext. 1004

### **CANCELLATIONS, MISSED APPOINTMENTS & VACATIONS:**

Call our main office at 206-547-2500 or email [info@pediatricsspeechtherapy.org](mailto:info@pediatricsspeechtherapy.org) for **all scheduling/cancellation/rescheduling matters**, regardless of the office location your child is seen. Late cancel or no-show fees will apply if not communicated to appropriate staff.

*Therapists do not keep track of your scheduled or upcoming vacations or cancellations. While you may mention it to them as a courtesy, unless you have emailed or called Robin ([info@pediatricsspeechtherapy.org](mailto:info@pediatricsspeechtherapy.org)) directly to cancel, do not consider your session to be cancelled.*

We understand that children do get sick, sometimes suddenly. If your child becomes ill overnight, we expect a cancellation phone call and email before 8:00 a.m.



When non-illness or non-emergency cancellations occur outside of our 24 hour notice period, the charge to you will be \$40.

**If you do not show up** for a scheduled appointment, or do not notify **within 20 minutes** of the start of a scheduled session, you will be charged a “no show” fee of \$90.

We are unable to hold therapy spots for more than 3 consecutive weeks for vacations, or more than 5 missed visits in summer. If you will be taking an extended trip, you will need to contact us when you return to secure another appointment time. If you'd like to pay to “hold” your spot, please contact our office to discuss.

Regular attendance is an important part of your child's therapy program. Multiple cancellations are 2 (for weekly appointments) or 4 (for twice weekly) in one month. If you have multiple cancellations, you may be asked to discontinue therapy.

#### **FLU and ILLNESS - GUIDELINES:**

To minimize illness being spread at our clinic, we ask that you keep your child home and seek medical advice, **if he/she has, or has had within the last 24 hours, any of the following symptoms: fever, diarrhea, vomiting, eye or nasal discharge, thick mucus or puss draining from the nose or eye(s), or pink eye.** If your child is too sick to go to school, he/she is too sick to come to PSLT. We do have medically fragile children coming to the clinic.

Please let Robin or other staff know if you have seen your child (or another child) in the waiting room place shared items in his/her mouth. Your therapist or another staff member can remove the item and be sure it is thoroughly disinfected. Thanks for your help and consideration!

#### **TELEMEDICINE - GUIDELINES:**

**Your child must be in the state of Washington at the time of their teletherapy appointment, and while receiving services.** If you plan to be in a different state or out of the country, you must cancel your child's teletherapy session with advance notice. You agree to be present or have your child present, provide a quiet space with a computer or tablet, and you agree to have your child logged on at the agreed-upon appointment time. All current policies apply regarding late cancel and no-show fees, and requirements for giving advance notice of cancellations.

#### **SNOW CLOSURES – GUIDELINES:**

Each of our offices will use school district's stated late openings and closures in their respective communities to help us make decisions regarding our clinic closures. Most importantly we ask that you communicate with us regarding your plans for attendance on these days – and, be safe!

Please contact Robin regarding scheduling on these days. 206-547-2500 or [robin@pediatricsspeechtherapy.org](mailto:robin@pediatricsspeechtherapy.org). If you cannot reach Robin directly, you may also call your therapist's office. Handy phone numbers to have:

- Bellevue Office: 425-556-0503
- Seattle Office: 206-547-2500
- West Seattle Office: 206-937-1249



### **HEALTH INFORMATION AND PORTABILITY & ACCOUNTABILITY ACT**

If you have any questions about this notice, please contact our business office at 206-547-2500. We are required by law to: maintain the privacy of protected health information and give you this notice of our legal duties and privacy practices regarding your health information.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

Described as follows are the ways we may use and disclose health information that identifies your child (“Health Information”).

**Treatment.** We may use and disclose Health Information for your child’s treatment at PSLT and to provide your child with treatment-related health care services. This includes use and disclosure of Health Information with Pediatric Speech and Language Therapy, staff and volunteers as it relates to your child’s treatment. We may disclose Health Information to your child’s pediatrician, doctors, nurses, technicians, or other personnel who are involved in your child’s medical care and need the information to provide your child with medical care.

**Payment.** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services your child received.

**Health Care Operations.** We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that our children receive quality care and to operate and manage the Center.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose Health Information to contact you and to remind you of your child’s appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Child’s Care or Payment for Your Child’s Care.**

#### **SPECIAL SITUATIONS:**

**As Required by Law.**

**To Avert a Serious Threat to Health or Safety.**

**Public Health Risks.**

**Health Oversight Activities.**

**Lawsuits and Disputes.**

**Law Enforcement.**

#### **YOUR RIGHTS:**

Request for any of the following must be made in writing, to: Pediatric Speech and Language Therapy, Attention: Carol Ray, M.A., CCC-SLP/Owner, 2205 N. 45<sup>th</sup> St., Unit A, Seattle WA 98103.

**Right to Inspect and Copy.**

**Right to Amend.**

**Right to an Accounting of Disclosures.**

**Right to Request Confidential Communication.**

**Right to a Paper Copy of This Notice.**

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with Carol Ray/Pediatric Speech and Language Therapy or with the Secretary of the Department of Health and Human Services.