
BILLING POLICIES AND PROCEDURES

Coastside Pediatric Therapy Center is an association of independent therapists who are committed to providing the highest quality services to help children reach maximum potential in their academic and home environments. Maureen Barton's Occupational Therapy Services is an autonomous entity housed under the umbrella of Coastside Pediatric Therapy Center.

- ▶ Once an **EVALUATION** has been completed, an initial report is sent to the client within two weeks. A billing statement is enclosed with the report and payment is due within two weeks of the billing date.
- ▶ A **CONSULTATION** is billed at the time the service is provided. Full payment is due at that time. A payment receipt will be forwarded at the end of the month.
- ▶ Monthly billing statements for **TREATMENT** are sent to the clients by the 5th of the following month. Payment in full is **due by the 30th** of that month, **regardless of pending insurance claims**. If payment is not received by the 30th, a **2% fee** will be assessed monthly until the account is paid in full. Continued lack of payment will result in the client's treatment program being discontinued until the account is current.
- ▶ Group health **INSURANCE** may cover a portion of occupational therapy fees; however, **we do not directly bill insurance companies**. C.P.T.C. clients submit claims to their insurance carrier to reimburse them directly. Billing forms have been designed to expedite clients' claims.

▶ **E-Mail Policy:**

Communication, reports and billing may be emailed to the clients. A billing PDF will be sent to you with the understanding that this electronic method is not sent on a secured server. If the unencrypted e-mail is unacceptable to you as our client, you may request invoices be mailed. Please indicate your preference below:

- E-mail PDF
- Post mail print-out



▶ Regular **ATTENDANCE** is an important element of an effective treatment program. If a session must be canceled, clients must provide **24 hours' notice** by leaving a message on the machine. Messages can be left any time of day or night. With advance notice, an effort will be made to make-up time within two weeks. **Sessions not canceled 24 hours prior to the appointment and "no show" appointments incur regular therapy charges.** After four consecutive canceled sessions, we will send a letter requesting therapy be discontinued until such time that attendance can be consistent.

➤ Sick Policy: **You must cancel your child's session if your child exhibits any of the following symptoms within 24 hours prior to the session:**

- A temperature of 100 degrees or higher
- Diarrhea (2 occurrences)
- Vomiting (1 occurrence)
- Any rash other than diaper rash
- Eye infections
- Bad cold with hacking or persistent cough, productive cough with green or yellow phlegm
- Nasal discharge that is either green or yellow
- Extreme irritability or exhaustion

DIRECT SERVICES: Your child is usually scheduled for 60 minute appointments. She / he is being seen for 50 minutes active hands on therapy. 10 minutes of the hour is used for set-up, clean-up, and documentation time. For example, if your appointment is at 3:00 your child will be ready to be picked up at 3:50.

▶ When a parent requests **INDIRECT SERVICES** (parent conferences or time other than actual "hands-on" with the child), we ask that you make the therapist aware of the need at the beginning of the session so that she / he might incorporate the conference within the treatment time. For example, if your appointment is at 3:00 and you would like to conference for 5 minutes, pick up your child at 3:45.

Frequently there is another child waiting to be seen after your child. It is important to all parents that his/her child is seen on time as we are aware that many parents are taking time off work and/or have arranged for child care for siblings.

Therapy may be **DISCONTINUED** if the child has achieved therapy goals and/or has achieved maximum benefit from therapy.

Please call if you have any questions regarding the billing policies or fee schedule. We can review billing policies, procedures and fees with you before services are provided. You are asked to **sign**



and return this form, verifying that you understand and agree to the payment terms. Please let us know what we can do to make your experience at Coastside Pediatric Therapy Center a pleasant one.

Signature

Relationship to Child

Date

PHOTO RELEASE

The signature below verifies that it is acceptable for your child's photo/video to be taken for the purposes of:

- Client chart
- Treatment sessions
- Educational purposes
- Promotional materials (company website)

Signature

Relationship to Child

Date

