



## OFFICE AND FINANCIAL RESPONSIBILITIES

### Insurance:

We are committed to providing you and your child with the best possible care. If you have medical insurance, we will be happy to assist you in obtaining the maximum benefits your policy offers. **In order to do this, it is important for you to understand your medical benefits and how your insurance policy will pay out for services rendered by Children's Therapy Center. We will try and answer any questions you may have regarding your insurance but, in addition, we strongly encourage you to contact your insurance company as every policy contract/company is different and we don't always have the information you may be seeking.**

If it has been demonstrated that your policy covers occupational therapy/physical medicine, we will bill your insurance company directly. This will require a copy of the front and back of your current insurance card with the appropriate insurance information and a billing address. We will also need a completed claim form (if required by your insurance company) to send with the bills.

**Please remember that you are responsible for any outstanding deductible, as well as any portion of the bill that your insurance company does not pay.** This includes but is not limited to deductibles, co-insurances, co-pays, amounts considered to be over the insurance company's allowed amount and any charges that have been denied by your insurance company. We will bill you any remaining portion due after your insurance company has fully processed the charges.

Please know that there are times the insurance company may request additional information for processing, which in turn slows down the billing process. It is not unlikely that you may at times receive a billing statement for services that are several months old.

### Denial of Insurance Claims:

In the event that we receive notification from your insurance company denying a claim for any reason other than "requested information from patient not received" Children's Therapy Center will automatically act on your behalf and file an appeal with your insurance company to try and overturn the denial. In some instances, we may be required to get written permission from you as the policy holder giving us the authority to file appeals on your behalf.

If our appeal gets denied and/or there is no resolution to our appeals request, (1) the outstanding balance will be turned over to patient responsibility and (2) we will ask you to contact your insurance company directly to initiate your own appeal. **(Please note it's always a good idea to get the name of the person you spoke to as well as a reference # for your conversation. This is a tracking method for verifications and communications between yourself and the insurance company.)**

If your insurance company denies any claims because they are needing information from you as the subscriber, we will ask that you to contact them with the requested information. If in 30 days, the insurance company still does not have the information they are requesting to process the claim, the charges will automatically be turned over to patient responsibility.



## **Billing:**

Billing statements go out on the 5<sup>th</sup> of each month (or the following business day if the 5<sup>th</sup> falls on a weekend or holiday.) Balances are due on the last day of each month, unless alternate payment arrangements have been made in advance with the Business Director prior to the start of services.

## **Credit Card/Debit Card Payments:**

Unfortunately, effective 2/1/15 Children's Therapy Center will no longer be accepting any credit/debit card payments. In place of credit/debit card payments, Children's Therapy Center has set up a PayPal account. If you don't already have a PayPal account, it's easy and free to set one up. All payments made through PayPal are safe and secure. Although setting up a PayPal account is free, making any payments through PayPal does have a fee of 2.9% plus 30 cents if you use your debit/credit card. If you use your bank account there is no fee. If you choose a payment method through PayPal which incurs a fee, this fee will be your responsibility to pay. If it's passed on to CTC, your payment will either be declined by CTC, or if we accept the payment, any fees incurred by PayPal that are associated with your payment will be reflected on your next billing statement and will be part of your account balance. Please see the PayPal enclosure for instructions on how to make payments.

## **Payment Plans:**

Payment plans are available over a six month period. A signed payment agreement is required. Payments can be made weekly, bi-weekly, or monthly.

## **NSF Fees:**

A \$25 charge will be billed to your account for any checks returned by your bank for insufficient funds. After the 3<sup>rd</sup> occurrence, Children's Therapy Center will no longer accept payment in the form of a check and you will be required to pay any account balance with an alternate form of payment.

## **Late/Skipped Payment Fees:**

**If your payment is not received by the last day of each month, your account will be charged a \$25 late fee AND an interest charge equal to 1.5% of the account balance.**

## **Delinquent Accounts:**

If your account remains delinquent for a period of 3 months and an approved payment plan is not in place a small claims suit will be filed with the Santa Clara County District Court. In the event that a small claims suit is filed, you will be responsible for any and all court associated fees in addition to a \$300 processing fee to cover the time involved with filing a small claims suit which includes but is not limited to travel time and parking fees for filing the suit, travel time and parking fees for filing the proof of the service, travel time and parking fees for the court hearing, and the time involved with gathering all documentation needed to support the small claims suit.

## **Broken Appointments and Cancellations:**

Appointment slots fill quickly, especially during the school year when many children are in school. We do our best to adhere to special requests regarding certain days and time slots. All appointments are scheduled and emailed to you a week in advance. **We ask that you reply back to confirm your appointment time/day.**

As your appointment time is reserved just for your child it is important that you notify Children's Therapy Center at least 24 hours in advance in the event that your child is unable to keep his/her appointment. This allows us to schedule another child who is in need of an appointment.

**It is the policy of Children's Therapy Center to charge a flat rate fee of \$120 for any appointments not cancelled 24 hours in advance. These charges cannot be billed to your insurance company so they will be billed directly to you.** If your child has been sick and you are not sure whether or not he/she will make the next scheduled appointment, just call and give us a "warning". If we determine that the appointment needs to be canceled, there will **not** be a charge for a late cancellation.



## Reports:

Your insurance company may request reports or re-evaluations when a new authorization is requested for continued treatment. (Generally every 6-12 months). When an insurance company requests a progress summary, we must comply even if the insurance does not reimburse for the report. Please keep in mind that without the report your child will **NOT** be eligible for further services.

As you are aware, Children's Therapy Center is a "fee-for-service" facility, so if the insurance does not pay for the report, then the fee must be billed to you, the parents. The fee is between \$150.00 - \$200.00. If you personally request a report or progress summary to be written for your child for a school IEP, another agency, or for personal use, the above-mentioned fee will apply and be billed directly to you.

## Treatment Sessions:

In order to provide the treatment to you/your child in a timely manner, it is important to adhere to the schedule provided.

One hour treatment sessions consist of 50 minutes of direct treatment time with your child, 5 minutes to discuss the session with you, the parent, if requested, and the remaining balance of the hour is to be used by the therapist for documentation purposes.

If you need more time to discuss concerns/progress of your child, please let us know so that a consultation appointment can be scheduled. **Consultation time is billed at \$175 per hour.**

## Policy For Being Late:

Out of fairness and respect for the time allowed for each child and their appointment slot, it is extremely important that you arrive on time to drop off/pick up your child for his/her appointment. This allows your child to receive the full 50 minutes of treatment time along with a quick update at the end of the session. **When you are late dropping your child off this takes time away from his/her direct treatment and when you are late picking your child up it takes time away from the next child's appointment as we cannot just leave your child unattended in the lobby.**

Children's Therapy Center allows a 5 minute grace period for picking your child up at the end of his/her session. However, you will lose the allotted time given for your update. **If there are 3 or more occurrences of being more than 5 minutes late picking your child up, Children's Therapy Center will charge your account a flat fee of \$50. If late pickups continue to be a problem, Children's Therapy Center will require you to wait in the lobby during your child's treatment session.** Children's Therapy Center must enforce this policy to ensure that the next appointment is given the same quality of time that your child received.

## Annual Updates:

Children's Therapy Center requires that we maintain current patient information, including but not limited to address, phone #'s, (including babysitter phone #'s) email address, and insurance information. We will require that an update be completed every January. **Please understand we will still require this information even if there have been no changes from the last update.** This is just a re-assurance that we have all your correct information and your child's claims are getting processed accurately.

Thank you for your understanding as we work together to help your children achieve their fullest potential.

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Parent Date

\_\_\_\_\_  
Parent Date

\_\_\_\_\_  
Office Manager

\_\_\_\_\_  
Parent Date

