



Speech - Language Pathology Clinic

Federal ID: 82-3916479
NPI Type 2: 1447768171

CLINIC POLICY

Billing/Fees for Service

____ Private health insurance will be billed as my primary means of payment. If claims are denied as a result of changes/limitations in insurance coverage benefits, the private pay rate of \$_____ per session will be charged. I acknowledge that I am responsible for understanding my own insurance plan and the speech therapy benefits that it provides (including benefit limitations, benefit maximums, deductibles, coinsurance, and copayments). One Voice Speech-Language Pathology Clinic, PLLC will not be held responsible for interpreting the benefit information for me. One Voice Speech-Language Pathology Clinic, PLLC is also not responsible for the determination of payment or denial by my insurance carrier. The responsibility of One Voice Speech-Language Pathology Clinic, PLLC is to collect deductibles, co-payments, co-insurance payments, and/or the cost of denied claims. I am responsible for these payments at the time of my visit. It is also my responsibility to notify One Voice Speech-Language Pathology Clinic, PLLC immediately of any changes in my health insurance plan. If One Voice Speech-Language Pathology Clinic, PLLC is not notified of changes in my insurance plan, I may be subject to charges resulting from denied claims.

OR

____ The **private pay rate** of \$ _____ per 45-minute session or \$ _____ per 60-minute session will be charged to me.
____ In order to expedite conclusion of sessions, payment for all sessions scheduled for each month may be paid at the first session of each month. You may also choose to make bi-monthly payments for speech therapy sessions. You may also choose to be billed via PayPal for individual sessions. Another option is to make payments by credit or debit card in the office. You may also choose to keep a debit/credit card securely on file for speedier check-out with a Credit Card Charge Authorization (last page of this packet) and payments will be charged per individual session. Of course, we do accept payment by personal check. Please discuss your payment preferences with Dora Johnston. Should your check be return due to NSF, a return check fee of \$35.00 will be charged to your account.
____ The pre-paid therapy session fee amount for an EXCUSED absence (i.e. illness, emergency, family issue) with proper notification will be applied to a make-up session or credited to following month's payment. The therapy session fee amount for a NO SHOW absence will not be refunded and the session will not be made up.
____ For initial evaluations, payment is due at the time service is rendered and the following private pay rates apply depending upon the type of evaluation performed: • Speech Production Evaluation: \$ _____ • Speech Production & Language Evaluation: \$ _____ • Fluency (Stuttering) Evaluation: \$ _____ • Feeding/Swallowing: \$ _____ • Voice Evaluation \$ _____.

Contacting Your Clinician

____ The Clinician (Dora Johnston) welcomes text messaging and voice mail via her personal cell phone (832-654-4167). Responses will be provided during regular business hours. **We request that you use the SIGNAL app for encrypted text messaging to protect your private correspondence.**



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Cancellation Policy (Client)

____ If I am unable to attend a speech therapy session, I agree to contact One Voice Speech-Language Pathology Clinic, PLLC at least 24 hours in advance at 830-825-0065. I will also notify the Speech-Language Pathologist, Dora Johnston, MA, CCC-SLP if I am running late to my appointment or if I will be unable to attend via text message at 832-654-4167. If I fail to provide 24 hour notice for a cancelled session, I understand that a NO SHOW cancellation fee equal to cost of the missed session will be charged to my account (with the exception of illnesses, emergencies, and inclement weather). I understand that insurance cannot be billed for this "NO SHOW" fee and the fee is non-negotiable. I am responsible for paying the cancellation fee at my next scheduled appointment.

Cancellation Policy (Speech-Language Pathologist)

____ If your clinician needs to cancel your session due to an illness or emergency, you will be notified as soon as possible. If a cancellation is necessary for any reason other than illness (e.g., conference, vacation, etc.), you will be notified in advance and a make-up session will be scheduled or the session fee will be credited to the following month's payment.

____ Your clinician will notify you with a phone call in the event that we must cancel your session due to inclement weather conditions. It should not be assumed that your session is canceled based upon school closings or early dismissals. One Voice Speech-Language Pathology Clinic, PLLC does not follow the same closing procedures or holiday schedules as the public schools. If you are unsure as to whether or not One Voice Speech-Language Pathology Clinic, PLLC is open, please call the office at 830-825-0065 or text Dora Johnston at 832-654-4167.

Attendance Policy

____ I understand that consistent attendance to regularly scheduled therapy sessions plays an important role in prompting and maintaining my/my child's progress in therapy and preventing regression of skills. As such, I agree to make my best effort to attend the scheduled sessions on a regular basis. I understand that sessions are scheduled for each client on the same day and time each week. I will only accept a time slot if I am able to attend that day/time on a weekly basis.

____ I acknowledge and agree to each of the following attendance policies: • Clients who miss three (3) consecutive sessions (with the exception of serious illnesses or emergencies) will be notified that they are in jeopardy of losing their appointment slot, and it may be given to someone else. • Clients who miss two (2) consecutive sessions without calling this office 24 hours in advance to cancel the sessions (with the exception of serious illnesses or emergencies) will be removed from their appointment slot and charged with cancellation fees equal to the private-pay rate for those sessions. • Clients who miss a total of three (3) consecutive or non-consecutive sessions without calling the office 24 hours in advance to cancel the sessions (with the exception of serious illnesses or emergencies) will be removed from their appointment slot and charged with cancellation fees for those sessions.

____ Please notify Dora Johnston in advance if you plan to go on a vacation and will be absent for two (2) or more weeks, so that efforts can be made to reschedule your appointments.

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217 East Bandera Road #3 • Boerne, Texas 78006 • P: 830-825-0065 • F: 830-541-5554 • dora@onevoicespeech.com



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Late Arrivals

_____ If you are late to an appointment, the session will need to conclude at the usual time to allow the clinician to stay on schedule. If the clinician is running late for any reason, you will be given the full session time. Our staff regrets any inconvenience to your personal schedule and the clinician will make her best efforts to maintain timeliness.

Holiday Closures

_____ The office will be closed for the following holidays: • New Year's Day 2019 and 1/2/2019 • Memorial Day • Fourth of July • Labor Day • Wednesday before Thanksgiving Day, Thanksgiving Day, and Friday following Thanksgiving Day • Christmas holiday week. For these holidays your clinician will gladly provide make-up sessions prior to the holiday closure date(s) to ensure continuity of services. Please advise clinician of your vacation plans for scheduling purposes.

_____ Please do not assume that the office will be closed on days that your child may have off from school (i.e. early dismissal days or local school holidays). This office is open during many of the typical school holidays and vacations. If you are unsure if we will be open or closed during a particular holiday, please call the office or text Dora Johnston for more information.

Office Etiquette

_____ Upon arrival, please walk your child into the waiting room and tap on the door to signal your arrival. Please stay with your child in the waiting room until your clinician comes to greet you.

_____ We ask that you are respectful of the fact that therapy sessions may be in progress and the clinician may be unable to answer immediate questions or engage in discussion during another client's session. For patient privacy concerns, we have music or a television show playing in the front office to mask sound. **We appreciate the use of personal earphones to mask sound while waiting for another client's session to end.** Please do not allow your child to walk/run inside the waiting area or play in the courtyard garden. Both adults and children are prohibited from entering the therapy room without the clinician due to the need to maintain client confidentiality. We do not allow behaviors in our clinic that may injure your child or others, nor do we allow behaviors that might disturb the regular operation of the office. Please do not allow your child to climb or jump on chairs, throw toys or other objects, touch or handle coffee service, open/slam doors, or draw on the wall/toys/books. Please help us by cleaning up personal items in the waiting room before leaving the office. We appreciate your assistance in maintaining a clean and comfortable waiting area for everyone. Clients are also prohibited from bringing food into the waiting room due to concerns with allergies.

_____ You may wait in the car or run an errand during your child's session; however, we ask that you return to pick-up your child at least 5 minutes prior to the end of his/her therapy session. We ask that you remain in the waiting area for the clinician to return with your child. Clinician will not walk your child outside to the parking lot.



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Therapy Sessions

_____ Therapy sessions are provided in 45-minute/60-minute sessions. Maintaining timeliness in therapy is important to both patient and clinician. However, please be prepared for flexibility of about 2 to 3 minutes during patient transitions. During the last 5 to 7 minutes of each session, parents will be invited into the therapy room to make payments and receive instructions for homework and to briefly discuss session activities and progress. This is an important part of the treatment session, as your child's progress is contingent upon the practice and carryover that occurs in the home setting.

_____ If you have specific questions, issues, or concerns that you would like to address, please let the clinician know at the beginning of the session, so that the proper amount of time can be allotted to speak with you. If you do not notify the clinician at the start of the session that you are requesting additional time for questions, the clinician will have to address your questions at the next session. The clinician appreciates your understanding and compliance in helping us to maintain timeliness for all of our scheduled appointments.

_____ If your child attends his/her session with another caregiver (e.g., grandparent, aunt, uncle, babysitter, etc.) the clinician will update them regarding your child's session only if there is a release of information signed. If parents are consistently unable to attend sessions, we are unable to make calls or send emails on a weekly basis to provide updates. An additional fee of \$25 will be charged for a 30-minute meeting or telephone conversation with the clinician during office hours to discuss your child's progress. This fee cannot be billed to insurance.

_____ We do not attend school ARD meetings or develop IEP goals for patients. We will speak with your child's Early Intervention or school-based speech-language pathologist on the phone or via email given your written authorization for a fee of \$25.00 per 30-minute consultation. If you ask us to write in a communication book with a school-based speech-language pathologist we will do so during your child's appointment time. If you would like a progress report due to a transition within the school or an appointment with a related professional, please allow the clinician at least two (2) weeks' notice. We require a \$25 fee for progress reports; this fee cannot be billed to insurance. Payment must be rendered upon receipt of the progress report.

Termination of Therapy

_____ The following reasons may be cause to terminate our client contract: • Behavior of a client (e.g., repeated tantrums, refusing to engage in therapy, refusing to follow directions or recommendations, verbal abuse, etc.). We anticipate and understand that all clients have "bad days," however if the behavior is ongoing we may recommend a change in clinician. If the behaviors continue to persist after that point despite a variety of strategies implemented by the clinician(s), you will be referred to another facility. • Behavior of a parent/guardian. • Non-compliance with our attendance policy.

(continued on the following page)

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• Repeatedly not paying an account. You will receive a warning when there is an outstanding account balance with multiple payments due. If we do not receive your payment within 2-weeks upon receipt of that warning, therapy will be placed on hold until payments are rendered in full. Your child may lose his/her appointment slot and be placed on a waiting list at that time. Continued non-payments will result in termination of services. • Engaging in behavior that breaches trust such as withholding pertinent information about the case history or asking us to alter our data or diagnosis.

_____ If you need to terminate therapy for any reason, we ask that you give us written notice a minimum of two (2) weeks in advance. This will allow us adequate time to wrap-up therapy and complete consultation with you. A therapy termination form will be provided for you to complete. **No refund will be provided for services abruptly terminated prior to completing the remaining therapy sessions scheduled for the month.**

_____ One Voice Speech-Language Pathology Clinic, PLLC reserves the right to cancel or amend this contract, or any part therein without negating the remainder of the contract. Clients will be notified, in writing, of any changes or cancellation of this contract.

(PLEASE COMPLETE SIGNATURE PAGE ACKNOWLEDGING THAT YOU HAVE READ AND ACCEPT 1VOICESLPC'S POLICY STATEMENT INCLUDED WITH CLINIC INTAKE PACKET)

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