



Advantage Speech Therapy Services  
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## Policies and Financial Agreement Form

**In order to ensure the safety of your child during his/her therapy session, it is imperative that an adult be present in your household at all times. While it is not mandatory that you, as the parent/caregiver, are present during the actual session, it is very beneficial.**

Clients are responsible for any and all charges incurred resulting from treatment provided by Advantage Speech Therapy Services, Inc. (ASTS). As a courtesy to you, Advantage Speech Therapy Services will gladly call your insurance carrier to identify your current benefit coverage. However, please understand that insurance verification **IS NOT** a guarantee of payment by your insurance carrier. We can only use the information we obtain as an estimated guideline. The actual payment of your claim may take 4-6 weeks or longer, but most insurance carriers pay in 2-4 weeks. ASTS will also file claims on your behalf to your insurance carrier up to two times per appointment. However, if charges billed to your insurance carrier are not paid in a timely manner (due to circumstances beyond our control) it will then become **your responsibility** to pay your bill and resolve the outstanding issue with your insurance company and receive reimbursement from them. While we will verify your insurance we also ask that YOU take an active role in your insurance by contacting your carrier and verifying your coverage for speech therapy services. By taking an active role you will be better equipped to aid in any appeals processes that may arise, to know what additional information may be required by you or your primary care physician in order to have such services considered for reimbursement by your insurance carrier, and be better able to understand your Explanation of Benefits (EOBS) when it arrives as it pertains to any invoice you may receive from us for payment. It is your responsibility to complete all forms required by ASTS, provide correct insurance billing information **PRIOR** to your first session and also to provide a copy of your insurance card(s) at the time of your first session.

Your insurance company may also require a current prescription, diagnosis, “Letter of Medical Necessity”, pre-authorization or physical notes for speech therapy services which come directly from your primary care physician. If your primary physician gives you a referral, RX or written diagnosis please let your therapist know IMMEDIATELY. **ASTS does not require the parents to be the first line of defense in obtaining this information. ASTS will do all we can to obtain this information from your primary physician should your insurance company require it, but ultimately may require your assistance. Non compliance by the primary care physician or yourself may result in services not being reimbursed by your insurance company.** Any required information regarding treatment, treatment plan, treatment goals, progress notes or evaluations will be handled by Advantage Speech Therapy Services.

Once an EOB (Explanation of Benefits) and payment for services has been received from your insurance company, we will bill your secondary source of insurance for consideration of payment if one has been established. Otherwise you will receive an invoice for payment based on any deductibles, coinsurance, copayments, non-covered services or cost participation amounts as a result of services rendered by ASTS. **Since it may take 4-6 weeks to receive an EOB from your insurance carrier and you may have accumulated more than one month's worth of services, we ask that you please plan ahead as you will be expected to pay the balance on any and ALL of the invoices within a two week period of the dated invoice.**

**Advantage Speech Therapy will process patient charges as follows:**

**SELF PAY / NO INSURANCE** – Payment is due in full at the time services are rendered, unless other arrangements have been made and approved by ASTS. Charges for clients with SELF PAY/NO INSURANCE will be charged a flat rate of \$85 per session. You will either be asked to pay as the services are rendered or will be billed on a monthly basis.

**MEDICAID** – ASTS is a participating provider of straight Medicaid. If Medicaid is your primary insurance, no other action should be necessary. If you have a commercial insurance plan that is primary and Medicaid as your secondary source, ASTS will bill your primary insurance first and Medicaid second. If for any reason primary insurance or Medicaid does not reimburse for any services billed, you will be responsible for reimbursement of denied services at the Medicaid rate. Please note that ASTS is not considered in

network with **ANY HMO** plan and therefore non-payment by primary insurance because of out of network status will NOT be covered by Medicaid.

**COMMERCIAL INSURANCE – IN NETWORK/OUT OF NETWORK** As a courtesy to you, we will verify your insurance and file your primary, secondary and tertiary insurance up to two (2) times per visit. After that it becomes your responsibility to make payment to ASTS for services rendered and to resolve the outstanding issue with your insurance carrier and receive reimbursement from them. If we are ***in network*** with your insurance carrier you are responsible for the FULL balance on your account, such as, but not limited to, deductibles, co-pay, co-insurance and any non-covered services. As a courtesy to you, any NON-COVERED services such as, but not limited to, Sensory Integration and travel will be billed to you at a reduced rate of service. Sensory Integration will be billed at the Medicaid rate which is currently \$24.46. If at any time Medicaid adjusts the rate you will be notified and charged the new rate as of the Medicaid effective date for the new rate. Travel at this time (which is subject to change without notice) is being billed at a reduced rate of \$5 when not covered by insurance. If we are ***out of network*** with your insurance carrier you will be charged a flat rate of \$85 while your deductible is being satisfied. Once your deductible has been satisfied you will be responsible for the difference of what insurance has paid and the \$85 flat rate. As a courtesy to you, any NON-COVERED services such as, but not limited to, Sensory Integration and travel will be billed to you at a reduced rate of service. Sensory Integration will be billed at the Medicaid rate which is currently \$24.46. If at any time Medicaid adjusts the rate you will be notified and charged the new rate as of the Medicaid effective date for the new rate. Travel at this time (which is subject to change without notice) is being billed at a reduced rate of \$5 when not covered by insurance.

**HMO PLANS** –ASTS is NOT in network with **ANY HMO**. If you are covered by an HMO you may still have out of network benefits available. If that is the case you will be billed in FULL for balances on your account, such as, but not limited to, deductibles, co-pay, co-insurance, any non-covered services and if applicable. If your HMO has no out of network benefits available you will be subject to my out of pocket cash rate of \$85 per session.

**PATIENT BILLING** – Once the Explanation of Benefits and/or payments arrive from your insurance carrier, ASTS will then bill your secondary source of insurance if one has been established. Since therapy is usually ongoing, ***we try and wait for ALL Explanations of Benefits and payments to be received for each month services are rendered rather than invoicing you on a weekly basis. Because of this, your billing cycle may not begin immediately or you may receive more than one month's invoice at one time. We ask you to please plan accordingly so that you are able to pay your invoice by the due date specified.*** Invoices are mailed monthly for ANY out of pocket expenses. Payments not paid IN FULL within 14 days of invoice will incur a minimum of \$10 or 10% (of your total bill). Late fees will continue to accrue an additional 10% of the total invoice each subsequent week the invoice is not paid in full. All checks should be paid to the order of Advantage Speech Therapy Services, Inc.

**MISSED OR CANCELED APPOINTMENTS** – As part of your financial responsibility we are advising you that ASTS INC. reserves the right to charge a fee for any appointment that is **not kept** or **not canceled** by giving 24 hours advanced notice. Currently there is an **out of pocket fee** of 50% of your insurance rate and Babies Can't Wait rate (if applicable, based on billing your situation) for a typical treatment session or a minimum of \$55 (effective January 2008), *which is subject to change without notice*. Unforeseen circumstances are anticipated and will be dealt with on a case by case basis.

**CANCELLATION OF SERVICES POLICY** – ASTS, INC has a 3 strike rule. If you are unavailable for a scheduled appointment 3 times without calling to cancel 24 hours in advance of your appointment, ASTS retains the right to discontinue elective treatment and to terminate services immediately. ASTS kindly requests that you offer advanced notification so that your therapist is aware of your need to reschedule. Additionally, at the discretion of ASTS, excessive cancellations within a given month *may* result in a termination of the given contract. **Furthermore, if you plan to dismiss your child from therapy, a 2 week notification is REQUIRED unless otherwise agreed upon.** Consequently, if you choose to discontinue treatment you are still responsible for paying for all services that were provided *prior* to your decision to discontinue.

By signing this form you are agreeing to the following:

1. You understand that unresolved financial disputes for non-payment of fees for services rendered could result in the discontinuation of services, referral to another provider as necessary, and assignment of collection responsibility for this account to a professional Collection Agency. Furthermore, you agree that if it should become necessary for ASTS INC. to forward your account to a collection agency, you will be responsible for the fee charged by the collection agency for the costs of collection.

2. You also agree to authorize ASTS INC. to receive or release any medical information to your insurance company, physician(s), or any other parties that may be involved in the child(s) care.
  
3. You authorize insurance payments be made directly to Advantage Speech Therapy Services for services rendered.
  
4. You, the parent (or legal guardian for the child), have read, understand, and agree to the aforementioned policies and FINANCIAL AGREEMENT that will be implemented immediately as set forth for services rendered by ASTS INC.

\_\_\_\_\_  
Parent/legal Guardian Signature

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date