CHILDREN'S SPEECH & FEEDING THERAPY, INC.
PATIENT INFORMATION FORM

Today's Date: _____

PERSONAL

Name (Last, First): _____ Male___Female___

Parent or Guardian Name: _____

Street Address: _____

City, Zip: _____

Phone Number: _____Cell_____

Email Address: _____

Child's Birth Date: _____SS#: _____

I am paying privately for therapy _____Yes _____No (If no, please fill in insurance info below)

Primary Insurance: _____

Policy #: _____

Insured: _____

Insured DOB: _____ Relationship to Insured: _____

Co-Pay: _____ Is a referral on file for this visit?_____

OTHER

Child's Pediatrician's Name: _____

Pediatrician's Number: _____

Your Child's Medical Diagnostic Codes (e.g. prematurity, VSD, Autism, ADHD):

_____

I confirm all above information to be correct.

Parent or Guardian Signature: _____

OFFICE POLICIES and BILLING REQUIREMENTS

1. We are Blue Cross Blue Shield (BCBS), Harvard Pilgrim, and Allways insurance providers; however, this is not a guarantee of payment. Families are responsible to inquire about their individual benefits and whether they will be reimbursed for any services received in our office. In the event that claims are not paid, you are responsible for payment in full. If your family has a deductible that must be reached in each calendar year, services will be applied to that deductible. Families with BCBS or HP will be billed any deductible, copayments or co-insurance that may apply. We will bill BCBS or HP for your child's assessment. Unfortunately, they will not reimburse for the required written documentation.

2. The fee for treatment plans is $250. 00 payable the day of your child's initial evaluation and all subsequent re-evaluations.

3. If your insurance plan requires a referral, you are responsible to contact your child's pediatrician's office to request this. In the event your visits are denied, you will be responsible for any non-covered services at our private pay rates. Please provide our NPI number 1992862940 to process referrals.

4. Families that do not carry insurance we take are charged at a rate of $800.00 for a comprehensive speech and language evaluation or a feeding evaluation for children over 24 months of age. Infant feeding and swallowing evaluations and speech screenings are charged at a rate of $500.00. Payment in full is due on the day of your child's evaluation/consult.

5. A charge of $150.00 per session of individual speech, language, and feeding therapy will be billed monthly for families paying privately for services. Feeding groups (one and a half to two hours) are billed at $175.00 per group session. Phone consultations that exceed beyond 15 minutes in length will be pro-rated. You will receive a monthly statement reflecting any payments owed for services received.

6. A family seeking reimbursement from an insurance company other than insurances we take must understand that we are not responsible for billing that insurance company nor do we accept payments from that insurance company. You are considered private pay and will be billed monthly for your visit(s). Any reimbursement from an insurance company must be received directly by you. We are not responsible for appealing a denied claim from an insurer with which we are not contracted.

7. Payments must be made to us in a timely manner while you are attempting reimbursement from any other insurance company.

8. Please note that we will not release any written documentation unless your account is current.

9. Payment in full is to be made monthly, upon receipt of a bill. Checks should be made out to Children's Speech & Feeding Therapy, Inc., and mailed to 145 Rosemary Street, Suite C Needham, MA 02492. In addition we take Visa, Mastercard, and Discover. Bills that remain unpaid will be subject to collections and possibly legal action.

10. An adult must accompany children at all times in the waiting area. In addition we ask that you monitor their behavior. Running down the hall or destructive behavior in the waiting area is not permitted for safety concerns.

11. If you are twenty or more minutes late for your appointment we cannot bill insurance, in which case you will be billed privately for that day's session.

12. If you must cancel a scheduled appointment, please do so at least twenty-four hours in advance. If you cancel a therapy session fewer than twenty-four hours in advance, you will be charged the full private pay rate of $150.00. If you no show to an appointment a fee of $150.00 will be billed to you. This will only be excused in cases of emergency or sudden illness.

13. Please do not bring your child to therapy when s/he is ill, has a fever, or a persistent cough. Children do not benefit from therapy when they don't feel well. We ask that you assist us in minimizing exposure to other children and their families.

14. Consistent attendance is essential to success in therapy. If you miss greater than 20% of your scheduled sessions, we reserve the right to terminate therapy services.

15. Off-site conferences (such as an IEP meeting) will be billed at the consultative rate. Please note, this will vary based on the clinician's years of experience and areas of expertise. If distance traveled exceeds fifteen minutes per leg, you will be billed the difference at the regular private pay rate.

16. All accounts that go beyond 30 days past due may be transferred to Transworld Systems, a national collection agency, for accounts receivable assistance. You will first receive a letter stating a past due balance. If from then on a balance remains unpaid you will continue to see collection activity until resolved. We ask that you call the office immediately if you find yourself in a financial situation for other payment options.

17. Our clinic operates throughout the calendar year. This schedule provides children with the maximal opportunity for progress in therapy. Therefore, we only allow families to take up to two weeks off during the summer months.

18. Please see your clinician when planning spring, fall and winter vacations as certain terms may apply. Let your clinician know as soon as possible when planning time away from therapy

I have read and accept the policies of Children's Speech & Feeding Therapy, Inc. I understand that I am legally responsible for timely payment of this account.

_____
Your Child's Name

_____
Parent/Guardian Signature Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Child's name:_____

I give permission for Children's Speech & Feeding Therapy, Inc. to exchange information regarding my child with the following individual(s):

Name of person/facility	**Name of person/facility**
Street address	**Street address**
City/Town, State, Zip code	**City/Town, State, Zip code**
Telephone number	**Telephone number**

Parent signature **Date**

This release of information will be valid for a twelve month period from the date of signing.

DIRECTIONS TO CHILDREN'S SPEECH & FEEDING THERAPY:
145 Rosemary Street, Needham, MA 02494 (Rosemary Office Park)

FROM THE WEST:

Take the Massachusetts Turnpike to Exit 14 (Interstate 95/Route 128). After the tolls, follow the signs for Route 95/128 South. Exit Route 95/128 South at exit 19C (Highland

Ave, Needham). This exit will bring you onto Highland Avenue traveling toward Needham. Continue on Highland Avenue for about a mile. Turn right on Rosemary Street. We are located in Building C of the Rosemary Office Park.

FROM THE EAST:

Take the Massachusetts Turnpike to Exit 14 (Interstate 95/Route 128). After the tolls, follow the signs for Route 95/128 South. Exit Route 95/128 South at exit 19C (Highland Ave, Needham). This exit will bring you onto Highland Avenue traveling toward Needham. Continue on Highland Avenue for about a mile. Turn right on Rosemary Street. We are located in Building C of the Rosemary Office Park.

FROM THE NORTH:

Take Route 95 South to exit 19C (Highland Ave, Needham). This exit will bring you onto Highland Avenue traveling toward Needham. Continue on Highland Avenue for about a mile. Turn right on Rosemary Street. We are located in Building C of the Rosemary Office Park.

FROM THE SOUTH:

Take Route 95 North to exit 19C (Highland Ave, Needham). This exit will bring you onto Highland Avenue traveling toward Needham. Continue on Highland Avenue for about a mile. Turn right on Rosemary Street. We are located in Building C of the Rosemary Office Park.