Office Policies

Attendance

- In order to make optimal progress, it is important to attend therapy sessions consistently.
- During summer months, it is expected that families may take vacations, and children may be enrolled in camps and fun activities. We will attempt to reschedule your child's appointments when possible. If their attendance is expected to be less than 50% of the normally scheduled sessions we will need to discontinue for the summer and reschedule in the fall. Please keep in mind that the same appointment time may not be available in the fall.
- The clinic may be open on days that your child may have off from school. If you are unsure if the clinic will be open or closed during a particular holiday or vacation, please call or text to confirm.

Cancellation Policy

- If your child is unable to attend a speech therapy session, please notify me with as much advanced notice as possible to allow other patients to be scheduled into those appointments. I reserve the right to charge a "no show" fee of $50.00 for late cancelations (with the exception cancelations due to illnesses, emergencies, and inclement weather) or if you miss a scheduled appointment without notice. This fee cannot be billed to insurance, and you will be responsible for the payment.
- If your child may be contagious or is clearly not feeling well, please keep them home. In general, if your child is too sick for school, they are too sick to come to therapy.

Billing/Fees for Service

Option 1 (insurance):

□ I would like my Dexter Speech Therapy to bill my private health insurance or Medicaid plan as the primary means of payment and have provided my insurance card to be copied and kept on file. I understand that Dexter Speech Therapy may not be registered with all insurance plans and not all services are covered benefits. I acknowledge that I am responsible for understanding my own insurance plan and the speech therapy benefits that it provides (including prior authorization, benefit limitations, benefit maximums, deductibles, coinsurance, and copayments). I will notify Dexter Speech Therapy when there is any change in my health insurance plan, or I may be subject to charges resulting from denied claims. If claims are denied as a result of changes/limitations to insurance coverage benefits, the private pay rate will be charged to me directly.

- Some insurance plans require prior authorization or a physician's referral before starting therapy sessions. I understand it is my responsibility to obtain these before my child's visit, or my insurance company may refuse to reimburse the cost for the visit.
- I understand that if I dispute a claim, or a claim involves a third party, and/or collection from the third party, Dexter Speech Therapy will not negotiate with the third party for me. I am responsible for paying the bill on time, settle the dispute, and/or collect from the third party.
- I assign to Dexter Speech Therapy for all services rendered, all benefits to which I am entitled from private insurance and other health plans. I give my clinician permission to submit bills directly to my insurance carrier. I understand that I am responsible for all co-payment, deductible, co-insurance payments, and/or the cost of denied claims for services and am financially responsible for any charges that are not paid by insurance.
- Deductibles, coinsurance and copayments will be invoiced via email through Square. I understand that I may remit payments through Square, or pay in person or by mail via credit/debit/HSA card, check or cash.

Option 2 (Private Pay):

☐ My insurance plan does not cover speech/language therapy. I would like to discuss the private pay rate. I understand that payment is due at the time of service unless other arrangements have been made.

My signature below signifies that I have read and understand this client contract. I accept financial responsibility for services provided and authorize Dexter Speech Therapy to provide speech-language evaluation and/or speech therapy services to:

_____

Patient Name

_____ _____

Patient/Parent/Guardian Signature Date signed