



Documentation Check List

Please include following documents (if available):

Include:

Provided by Communicate to Connect Therapy (via website/office):

- Client Intake Form
- Case History Form
- Confidentiality Release Form
- Authorizations and Acknowledgements Form
- HIPPA Notice of Privacy Practices
- Parent Letter: Parent and Cancellation Policy
- Parent Letter: Payment Policy

Provided by Parent/Guardian:

- Copy of prescription
- Copy of front and back of medical insurance card
- Most recent hearing screening
- Copy of IEP/IFSP (may not apply)
- Copy of most recent comprehensive evaluation (may not apply)
- Copy of most recent Speech/OT evaluations and goals (may not apply)



Authorizations and Acknowledgements

-- You May Refuse to Sign This Acknowledgement --

Consent for Treatment

I hereby authorize Communicate to Connect Therapy, LLC to provide my child with Speech Therapy services. I consent to care and treatment falling under the practice guideline of the American Speech-Language-Hearing Association (ASHA), and the State of Georgia.

Parent Initials

Video/Photo Release

I hereby authorize Communicate to Connect Therapy, LLC to photograph, audio tape, and/or video tape my child.

Parent initials

I hereby authorize Communicate to Connect Therapy, LLC to use photographs, audio tapes, and/or video tapes of my child for educational, advertising purposes, reports for insurance companies, referring physicians and other families for continued care.

Parent initials

Cancellation Policy

I acknowledge that I have received a written copy of the *Communicate to Connect Therapy, LLC* 'Parent Letter and Cancellation Policy'. This policy states that I will give appropriate notice for cancellation of my child's appointments or it will be considered a missed appointment. I also acknowledge that I have been allowed to ask questions concerning this notice and my rights under this notice. I understand that by signing this form I am solely responsible for charges due to a missed appointment and will pay the charges or therapy sessions may be terminated.

Parent initials

Payment Policy

I acknowledge that I have received a written copy of the 'Payment Policy' for *Communicate to Connect Therapy, LLC*. This policy states that I am required to pay for services prior to or at the time that services are received. If I elect to pay by credit card, I agree to provide an account number to be kept on file. I acknowledge that I have been allowed to ask questions concerning this notice and my rights under this notice. I understand that by signing this form I am solely responsible for all charges related to services and for any late or insufficient fund fees.

Parent initials

Privacy Practices

I acknowledge that I have received a written copy of the 'HIPPA Notice of Privacy Practices' for Communicate to Connect Therapy, LLC concerning the release of my child's medical information and insurance information.

Parent initials

Client's Name (Please Print)

Client's Date of Birth (mm/dd/yyyy)

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

Date

---For Office Use Only---

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)



Parent Letter

In order to provide the highest quality of services to our clients, the following policies have been established by *Communicate to Connect Therapy, LLC*. Please review the policies and contact us with any questions or concerns that you may have.

Speech & Language Therapy: Parent and Cancellation Policy

1. Your child's schedule for speech/language sessions is the same each week. If your child will not be able to attend his/her session due to a conflict (other appointments, vacation, etc) **you must call your child's clinician** as early as possible but **no later than 3 hours** ahead, to reschedule or cancel. If notice is not received by your clinician via phone call, text, or voice mail, it will be considered a missed appointment. Please be sure you have your clinician's phone/cell phone numbers. These are given to you at the first meeting. You will receive this same courtesy from your clinician in the event that he/she needs to cancel.
2. Missed appointments will result in a cancellation fee. If notice is given, but less than 3 hours before the scheduled appointment, the fee will be \$20.00. If *no* notice is given, you will be charged the full session fee. These cancellation fees will be applied *per occurrence*. This fee applies to all clients, and will be billed directly to the family.
3. Following 2 missed appointments, without notice given, the therapist has the right to discontinue services. We certainly do not want this to happen, so please try to plan ahead when making other doctor appointments or planning other events that would require your child to miss school and/or therapy for the day.
4. Written progress notes will be given to you, the parent, at a frequency determined by parent and therapist at onset of services. If you would like to meet to discuss progress, arrangements can be made.
5. We ask that a 14-day (2 weeks) notice be given, if a family chooses to discontinue therapy services. If you, the parent, are not comfortable with your child's current therapist, please consider discussing this with your therapist or with the referral manager before deciding to discontinue service. Another therapist within the practice would be happy to provide services, if appropriate.

Please be sure to remember these policies, and your child's weekly schedule, when making other appointments for your child. If your child is sick on one of these days, please call your therapist as early as you can. We can then reschedule the appointment.

Thank you for understanding our need to follow these policies. Please feel free to call us at any time to discuss questions you may have. We look forward to working with you and your child in the upcoming weeks and months.

Sincerely,

The Clinicians of Communicate to Connect Therapy, LLC



Parent Letter

Payment Policy

Communicate to Connect Therapy, LLC has adopted the following payment policy effective January 10, 2012:

Payment and Invoices

Communicate to Connect Therapy, LLC currently in network with Medicaid, Peach State, Amerigroup, and Blue Cross and Blue Shield. *CTC* will bill other primary insurance companies as a service to you; note that claims will be submitted from *Communicate to Connect Therapy, LLC* as an out-of-network provider. Because individual insurance plans vary, please review your out-of-network benefits for occupational and/or speech therapy services for detailed information regarding coverage. Note that information obtained from insurance companies when verifying benefits is not a guarantee of payment; therefore, it is imperative that you understand your coverage and what out-of-pocket expenses you may incur.

Parent/ Guardian is responsible for any deductibles, co-pay's, or co-insurance payments associated with your insurance benefit. You are responsible for payments not covered by your insurance plan. **Payment is required prior to or at the time of service.** Families may pay by credit/debit, or cash. A receipt will be provided at the time of payment and an invoice generated at the end of each month for any fees incurred.

Late Payments/ Insufficient Funds

A \$30 fee will be assessed for any insufficient funds transactions via check or credit card.