

CLINIC POLICIES

Thank you for choosing the Speech and Language Center at Stone Oak (SLCSO) for your or your child's speech therapy needs. Please carefully review the following documents and sign at the end indicating your acceptance of our clinic policies outlined. If you have concerns or questions about any of the listed policies, please call our office at (210) 495-9944.

TREATMENT AT OUR CLINIC

At the Speech and Language Center at Stone Oak, we schedule treatment appointments following the standard medical professional half-hour. The standard professional hour is 50 minutes in a 60-minute scheduled appointment, so the standard professional half-hour is 25 minutes in a 30-minute scheduled appointment. This means that our appointments are scheduled in 30-minute back-to-back blocks.

Each medical professional half-hour appointment includes:

- Direct treatment with the client
- Parent coaching if/as needed
- Guided practice and demonstration for parent/guardian on examples for home program as needed
- Parent/guardian conference to review direct treatment and progress, and/or discuss case history, etc.
- Transition/documentation time to clean and prepare activities, and to check client medical records
- It is preferred that the client goes back for the appointment alone but if a parent/guardian/adult caregiver is necessary, we ask that only one accompany the client.

ASSIGNMENTS OF BENEFITS

I understand that any quoted healthcare benefits or clinic costs are estimates and not a guarantee of patient responsibility owed amounts. I request that payment of authorized insurance benefits be made either to me or on my behalf to the Speech & Language Center at Stone Oak ("SLCSO") for any services provided to me by that organization.

- I authorize the release of any medical or other information necessary to determine these benefits or the benefits payable for related services to the organization, insurance carrier or other medical entity.
- I authorize the Speech & Language Center at Stone Oak to pursue any necessary action, including but not limited to submitting written provider appeals, filing complaints to provider relations departments of insurance companies and/or any other appropriate regulatory entities, and/or all necessary legal recourse available to providers to settle claim disputes and pursue appeals on my behalf.
- A copy of this authorization will be sent to my insurance company or other entity if requested. The original authorization will be kept on file by the organization.

NOTICE OF FINANCIAL RESPONSIBILITIES AND INSURANCE POLICIES

The following applies to all clients including those who are using out-of-network health plan benefits and those who are not using any health plan benefits.

- I am financially responsible to the Speech & Language Center at Stone Oak for all charges not covered by health care benefits at time of service and after insurance determination. I am responsible for the entire bill or balance for the bill as determined by the organization and my health care insurer if the submitted claims or any part of them are denied for payment.
- I understand that the Speech & Language Center at Stone Oak requires a credit card on file for each client, regardless of client's healthcare plan benefits, and that this card can be run for any outstanding fees or patient responsibility amounts.

- I understand that claims for my services may be subject to review by my insurance company at any time to determine medical necessity and any/or contract limitations that may exist according to my health plan and/or my insurance company. The benefit information given to our Insurance Coordinator is not a guarantee of coverage or payment. In many cases, insurance benefits cannot be determined until the insurance company processes the claim. Although we typically file our claims within 24 hours, in most cases the insurance company can take up to 2-6 weeks, or longer, to process claims.
- I understand that this office expects payment from insurance companies within 15 business days, and that I may be billed for services not paid by my insurance company within 60 calendar days from the date of service.
- Claims remain subject to retroactive insurance company review at any time. State regulated insurance policies currently limit review periods by law to 180 days (about 6 months) from the date the claim was received; however, federally regulated self-funded health plans have no time limits.
- In the event of an adverse retroactive payer review resulting in denial or reduction of coverage, the guarantor/covered member remains fully financially responsible for all non-covered charges. Payment is due in full upon notice from this office. The clinic reserves the right to charge any unpaid balance to the credit card on file without prior notice, though notification may be provided as a courtesy.
- If an adverse determination is eligible for appeal, the clinic may, at its sole discretion, allow up to ten (10) business days from the date of the payer's notice before initiating collection. If an appeal results in reversal and payment is received from the payer, the clinic will apply a credit to the account. Refunds, if requested, will be issued only after payer payment has been received.
- I understand that while this office will exercise its best efforts, as a courtesy, to verify my health plan benefits and coverage, including any applicable authorizations, and tracking thereof, the policyholder and/or guarantor of the account always remain responsible for verifying coverage, obtaining/keeping up with current required authorizations, and seeking reauthorization for services as required by their insurance company.
- I understand that the policyholder and guarantor retain responsibility for ensuring accuracy of processed claims, verifying and obtaining any required authorizations, and tracking authorized

visits as applicable and required by my health plan. I understand that it is my responsibility to notify Speech and Language Center at Stone Oak of any changes to my health care coverage in a timely manner.

NOTICE OF BILLING AT SLC SO

- I understand that the Speech & Language Center at Stone Oak requires a credit card on file for each client, regardless of client's healthcare plan benefits, and that this card can be run for any outstanding fees or patient responsibility amounts.
- I understand that cash is not accepted at the clinic for payment of services, but personal checks with accountholder name and current address printed on checks and valid accountholder ID may be used when needed. Check payments for required copay, cost share, deductibles, and/or fees would be required on the date of service. Temporary checks are not accepted.
- I understand that when an overpayment is made due to changes in insurance coverage (e.g., deductible or OOP being met), then the claim(s) for any visit(s) applicable to the client overpayment must be paid by insurance and confirmed as received by our business office before we could issue a refund to the client, whether refund is via credit card or paper check.
- I understand that credit card refunds may take up to 5 business days to be issued by our business office and/or to reflect on the account and can only be refunded back to the credit card that was used for the original payment. Credit card refund amounts may be issued in one or more credit transactions over consecutive business dates, depending on the total amount of the refund.
- I understand that when the original credit card used for payment is no longer on the account or no longer an active credit card, then a paper check refund will need to be issued. Refunds issued by paper check may take up to 30 calendar days for request to be processed by our business office and then check issued and mailed to the client billing address on file.

If you have any questions about your financial responsibility or our Insurance Policies, please call us at (210) 495-9944.

PRIVATE PAY CLIENTS

*The following pertains to clients who will not be using any health plan benefits and are opting **not** to file their own claims for reimbursement of out-of-network benefits.*

- I understand I am electing to NOT USE my health plan benefits at the time of service ("TOS") discounted rate and for which SLCSO is not in network.
- I agree to NOT FILE claims to any health plan in effect at the TOS or within a plan year for any acquired health plan for which SLCSO is out of network.
- I understand that should I choose to file a claim at any point after the TOS, then SLCSO would be notified by the health plan, and the family would be obligated to pay to SLCSO the difference between the insurance billed rate and the TOS rate at the point of notification from family's health plan.
- I understand that SLCSO would be obligated to file a corrected claim at the insurance rates for the services billed originally as TOS "cash" rate.
- I understand that payment must be collected within 24 hours of service to qualify for the prompt pay discount.

CLINIC CANCELLATION AND ATTENDANCE POLICY

The Speech & Language Center at Stone Oak strives to offer clients the highest quality professional services available. An important part of the success of treatment sessions depends on consistency in attendance by patients. When we establish a plan of care, we base our goals on regular attendance. When

appointments are missed, then progress may be affected, and treatment goals may not be achieved as quickly. We expect that clients will take vacations and certainly understand that sudden illness and events happen to all of us. If you must cancel, we strongly encourage you to reschedule the missed appointment to maintain current progress.

If you need to make changes to your schedule, we ask that you **cancel by 7:00 p.m. the night before your scheduled session to avoid a fee**. If this is outside of normal business hours, a timestamped voicemail can be left on our clinic phone.

Please notify our office of any schedule changes or cancellations by calling: (210) 495-9944

LATE CANCELLATION FEES

Cancellation after 7:00pm the night before the session

- A **\$54 charge** (as of 01/01/2025) is associated with any cancellation made after 7:00pm the day before the session up until the start time of the session.
- We know that life is unexpected and oftentimes out of your control, so we offer a set amount of waived late cancellation fees during each defined 6-month period (January – June and July – December). See below “No Charges” section for details.

NO SHOW FEES

No show, no cancellation notice to office staff prior to start time of appointment.

- Missed appointments (including evaluations and re-evaluations) due to “no shows” will automatically incur a **\$54 fee** (as of 01/01/2025) except in cases of true emergencies.

NO CHARGE CANCELLATIONS

- Cancellation notice received by office staff (phone call, voicemail, email) by 7:00 pm CDT/CST the day before scheduled session
- Clients with 1x per week sessions: First two (2) late cancellations within a six (6) month period*
- Clients with 2x per week or more sessions: First four (4) late cancellations within a six (6) month period*
- Clinic staff has to cancel for any reason

In the event of severe weather or other unforeseen circumstances we follow the publicly posted closure policies of local school districts in the San Antonio metropolitan area.

NOTE:

- All cancelled sessions are still subject to the Attendance Policy (see below).
- All missed session fees are NOT “Covered Medical Services” and will NOT be billed to insurance. Fees must be paid in full prior to the next scheduled session.
- Evaluations and re-evaluations are subject to the same late cancellation and no-show policy as regularly scheduled sessions

HOW TO CANCEL

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|---|---|
|  | Call or leave a voice message 24/7: (210) 495-9944 |
|  | Email cancellation to: Info@stoneoakspeech.com |

NOTE: Voicemail and email messages are verified by business records and timestamped.

LATE POLICY

- Clients late to a session up to 15 minutes can attend the session up to the regularly scheduled end time and the therapist may choose to forego the conference time in lieu of providing direct treatment time. Client will be charged and/or insurance will be billed for the full scheduled time.
- Clients more than 15 minutes late to a session may be charged the missed session fee and can reschedule the session.
- If a therapist is running late for any reason, clients will be given the full session time, the choice to be seen by another available therapist, or opportunity to reschedule the session.

80% ATTENDANCE REQUIREMENT

- Attendance of all scheduled appointments, recurring or rescheduled, must be maintained at 80% over a 3-month period, excluding appointments on holidays or other days when SLC SO is otherwise closed and regardless of LCA appts that were waived, in order to keep recurring scheduled appointment time(s)
- Clinical and/or Business Office will review client attendance per calendar year quarter at the end of each quarter: 1/1 – 3/31 (Quarter 1), 4/1 – 6/30 (Quarter 2), 7/1 – 9/30 (Quarter 3), 10/1 – 12/31 (Quarter 4).
- Rescheduled appointments may need to be arranged at times other than after school times to maintain the 80% requirement for keeping the recurring appointment time(s).
- School absence notes will be provided upon request for client appointments scheduled during school hours.

REMOVAL FROM RECURRING SCHEDULE

Clients may be removed from the regular appointment schedule at the sole discretion of the Business Office or Owner for any of the following reasons:

- Excessive late cancellations
- Two (2) consecutive no shows (no prior notice received by the office)
- Frequent cancelled sessions regardless of reason
- Less than 80% overall attendance within each defined six (6) month period*

**Defined six (6) month period in the clinic are: January 1st – June 30th and July 1st – December 31st*

GENERAL ILLNESS POLICY

All clients must be fever free and symptom free for a full 24-hour period before returning to sessions at the clinic. If your child is sick, we ask that you cancel that week's sessions until the illness fully passes, and they can meet the above criteria. Please be sure to adhere to the late cancellation policy to the best of your ability to avoid fees. We ask that you do not bring sick or contagious children into the clinic. Please be considerate of medically fragile children who might be present and who could become seriously ill if exposed to ordinary illnesses. If you bring a child in for their session who does not feel well, we may ask you to reschedule the session. If your child becomes ill during their session, you will be asked to assist your child and take them home. We are currently following CDC guidelines to ensure the health and safety of our employees and customers in response to COVID-19.

TELETHERAPY CONSENT

- I understand that telehealth or teletherapy involves the use of electronic information and communication technologies by a healthcare provider to deliver services to an individual when they are located at a different site than the provider. I hereby consent to receiving health care services to me via telehealth over secure video conferencing platform.
- I understand that the laws that protect privacy and the confidentiality of my medical information also apply to telehealth or teletherapy. I understand that while telehealth or teletherapy treatment has been found to be effective in treating a wide range of disorders, there is no guarantee that all treatment of all clients will be effective.
- I understand that there are potential risks involving technology, including but not limited to: internet interruptions, and technical difficulties.
- I understand that technical difficulties with hardware, software, and internet connection may result in service interruption and that the healthcare provider is not responsible for any technical problems and does not guarantee that services will be available or work as expected.
- I understand that I am responsible for information security on my computer and in my own physical location. I understand that I am responsible for creating and maintaining my username and password. I understand that I am responsible to ensure privacy at my own location by being in a private location so other individuals cannot hear my conversation.
- I understand that my healthcare provider or I can discontinue the telehealth/teletherapy services if it is felt that this type of service delivery does not benefit my needs.

AUTHORIZATION FOR EMAIL PROTECTED HEALTH INFORMATION

This consent authorizes Speech & Language Center at Stone Oak and its affiliated health care providers (all referenced here as "SLCSO") to communicate with me using open internet email channels. This consent allows SLCSO to communicate with me using any email address that I provide to SLCSO, and/or any email address from which I send communications to SLCSO.

1. I understand that SLCSO offers "Central Reach Client Portal," a secure encrypted communications tool where I can access portions of my medical records. I agree to set up a Central Reach Client Portal account (offered at no cost to all patients at members.centralreach.com).
2. I authorize SLCSO to send portions of my medical records by email.
3. I authorize SLCSO to notify me of appointments by email.
4. I understand that I may also receive patient surveys, and information about SLCSO programs and services using email communications.
5. I understand that I can "opt out" of the use of email as a means of communication by sending an email to SLCSO at info@stoneoakspeech.com with the subject "EMAIL OPT OUT".
6. I understand that some messages already scheduled for delivery may be sent after I opt out, and I authorize SLCSO up to ten business days to fully process my opt-out request.

ALERT FOR ELECTRONIC COMMUNICATION

Patients and/or personal representatives who want to communicate with their healthcare providers by email should consider all the following issues before signing an Authorization to Email Protected Health Information:

- Email can be forwarded, intercepted, printed, and stored by others.
- Email communication is a convenience and is not appropriate for emergencies or time sensitive issues.

- Sensitive or personal information should only be communicated by email at the patient's discretion.
- Employers have the right to access any email received or sent by a person at work.
- Staff other than the health care provider may read and process email.
- Clinically relevant messages and responses will be documented in the medical record at the provider's discretion.
- SLCSO will not be liable for information lost or misdirected due to technical errors or failures.

DIVORCED OR SEPARATED PARENTS POLICY

The speech pathologists and staff at the Speech & Language Center at Stone Oak are dedicated to our patients and providing quality medical care to your child(ren). Our focus is on your child's speech therapy needs. We are not party to or to be involved in any legal issues involving divorce, separation, or custody agreements. Please, read and agree to the following so that we may provide care for your child(ren).

- The speech pathologists, office and billing staff will not be put in the middle of domestic issues or disagreements over the phone or in the office. Please make all decisions about appointment times, payments of services (including deductibles, copayments, cost-shares, or any fees) prior to starting services with our clinic.
- All payments including copays, deductibles, coinsurance, or any additional fees charged by your insurance, or The Speech & Language Center at Stone Oak are due at the time of service regardless of which parent handles medical expenses. Payment is always due from the parent who brings the child to their visit or the primary credit card on file. No partial payments or scheduled payments between different parties will be accepted or tracked by the staff at the Speech & Language Center at Stone Oak from either parent/legal guardian or responsible caretaker.
- Only in situations where there is a confirmed, documented court order will one of the parents/legal guardians be denied access to the minor child's health records or visits at the office. The Speech & Language Center at Stone Oak must have a copy of this court order on file in the minor child's chart.

- If there is not a court order on file with our office, either parent or legal guardian can sign a “Caretaker Release of Information” form that authorizes any named individuals (such as grandparents, nannies etc.) to bring your child to our clinic, be present during the visit, and receive information about your child’s services. We will not be involved in any disputes about named individuals on the consent forms unless instructed by the court. Either parent or legal guardian can schedule an appointment for their child, be present for the session and/or obtain a copy of the clinical notes issued.
- It is both parents or legal guardians’ responsibility to communicate with each other about the patients’ care, office visit dates, billing, and any other pertinent information relevant to the patient. It is not the responsibility of the speech pathologists or office staff to communicate visit information to each legal guardian separately.
- If there are disputes about appointment times or services our staff will not call the other parent/legal guardian for consent about appointments scheduled, restrict either parent’s involvement in the patient’s care – unless authorized by law – or tolerate conflicting appointment scheduling/cancelling patterns of behavior between parents or legal guardians.

If any of the above listed policy becomes an issue at the office and/or compromises patient care, we have the right to discharge the family from the clinic.

We thank you for your cooperation in honoring our clinic policies. By signing, you agree to the expectations and terms listed in the above policies.

WAITING ROOM AND CELL PHONE POLICY

If you are a parent/guardian bringing a child to our office and you choose to wait in your car or to leave the clinic at any time during the appointment, please notify the front desk and be punctual in picking up your child at the end of the appointment time.

We do not allow any food or open drinks in our waiting room. Please be respectful of clients who may have severe food allergies. Drinks with sealed lids are allowed.

To protect everyone's privacy under HIPAA (Health Insurance Portability & Accountability Act) and prevent unintended consequences of sharing audio, video, or photos recorded at SLCSO, please review the following policies about cell phones.

1. Personal cell/smartphones/devices should be placed on "mute" or "silent" mode while in SLCSO offices, waiting rooms, and therapy rooms, so as not to disturb others while waiting. This includes tablets and other electronic devices used by children at any time at SLCSO.
2. If a family member or adult client needs to accept a phone call while in the waiting areas, any offices, and therapy rooms at SLCSO, then the family member or client is asked to take the call outside SLCSO offices into the building lobby or hallways.
3. Use of family member's or client's personal cell/smartphone to record any part of therapy, conferences, and discussions with any SLCSO staff on SLCSO premises is prohibited. Failure to adhere to this policy may result in immediate suspension of client's therapy services.
4. At no time will any recording of other families, clients, incidents, and SLCSO staff be allowed without PRIOR written consent from person being recorded.
5. Family/Clients' use of personal cell/smartphones to record self or family members for specific situations within SLCSO offices, such as graduating from speech or holiday/special displays set up at SLCSO, is permissible for images of the client or family member only.

CLINIC MEDIA RELEASE – This portion will be completed at the first scheduled appointment.

I hereby authorize Barbara A. Samfield, MA-CCC/SLP and /or Speech & Language Center at Stone Oak to use the following audio/visual media for:

- Baseline performance and progress records kept in my digital patient file, which may be reviewed by Speech & Language Center staff, Reports sent to insurance companies
- Referring doctors, and/or referring professionals

Please specify under "Limitations" for anything that you do not give permission to use

Please check by ALL media approved.

- My picture
- My audio recording including speech
- My video image including speech

Limitations: None Yes * if yes please specify below

If yes, specify limitations:

NOTICE OF PRIVACY PRACTICES

A full copy of the Privacy Practices is available online at www.stoneoakspeech.com.

Please call our office at 210-495-9944 if you have any questions or concerns, and one of our Patient Services Staff will be happy to assist you. Thank you for choosing the Speech & Language Center at Stone Oak.