

PATIENT SERVICES AGREEMENT

Welcome to Nolan Speech & Language Center. This document contains important information about our professional services and business policies. It also reminds you of your opportunity to obtain and read a copy of policies and procedures under the Health Insurance Portability and patient's rights with regard to the use and disclosure of Protected Health Information (PHI) used for purpose of payment, treatment, and health care operations. HIPAA requires that you be provided with a Notice of Privacy Policies at your request.

SERVICES

SPEECH AND LANGUAGE SERVICES

Speech and language therapy is the treatment of communication disorder or delays. Communication disorders/delays include speech (articulation, intonation, rate, intensity, voice, resonance, fluency), language (including reading and writing), and non-verbal communication such as facial expression, posture and gesture. Depending on the nature and severity of the disorder, common treatments may range from physical strengthening exercises, instructive or repetitive practice and drilling, to the use of audio-visual aids and introduction of strategies to facilitate functional communication. Speech therapy may also include sign language and the use of picture symbols or Augmentative and Alternative Communication.

OROFACIAL MYOFUNCTIONAL DISORDERS (OMD)

Orofacial myofunctional therapy involves, or includes, abnormal changes in the tongue and lip movements and rest positions that can lead to dental malocclusions and can even influence the growth of the jaw. Myofunctional disorders, which include a forward rest posture of the tongue, open mouth rest posture of the lips, tongue thrusting, thumb/finger/tongue sucking can all result in abnormal dental conditions and may also affect facial appearance. Treatment for an OMD is very intensive and requires practice multiple times a day and while eating.

INTEGRATED LISTENING SYSTEMS (iLs)

iLs is a multi-sensory listening system that combines visual, vestibular and movement activities with an auditory program that contains both bone and air conduction. It provides a neuro-developmental approach to achieve therapeutic goals in the areas of sensory motor, attention and concentration, expressive language, auditory processing, reading, and optimal performance. iLs is a modality used during treatment sessions and/or as an intense home program. If completed in therapy, it requires a minimum of two additional sessions per week. If completed as a supervised home program it requires 1-4 direct sessions per month and either renting or purchasing the iLs equipment to complete 3-5 times per week at home. Parent involvement is mandatory for success of the program.

TWO THUMBS UP THERAPY PROGRAM

TWO THUMBS UP is a program that eliminates sucking habits (i.e. thumb/finger/tongue sucking, nail biting, finger picking, etc). This 30-day program encompasses conscious awareness, motivation, positive reinforcement and a mini reward system. Elimination of the sucking habit generally occurs within ten days and/or nights.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law, and can only be released to others with your written permission, in accordance with HIPAA law and HIPAA privacy policies and procedures. But there are a few exceptions; a judge may order testimony if he/she determines that the issues demand it and a therapist is legally obligated to take action to protect the patient, others, or self from harm.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES (HIPAA)

I have received and read the Notice of Privacy Practices of Nolan Speech & Language Center (you may request a copy).

Initial

Date

PROFESSIONAL FEES

- Evaluation for Speech and Language: The fee is \$350. Fees include a 30 – 90 minute appointment, a report, and a 15-30 minute appointment or telephone conference to discuss evaluation results and a treatment plan.
- Evaluation for OMD: The fee is \$250 and appointments are 60 minutes.
- Individual appointments: The fee is \$66 per half hour. Each half hour appointment includes 25 minutes of therapy and 5 minutes for record keeping, billing, and patient home programming. Appointments are available in 30, 45, or 60 minutes.
- OMD Remote Sessions: The fee is \$66 for a half hour, \$35 for 15 minutes and \$25 for 10 minutes. Remote sessions must be approved by the therapist and requires an in office visit every 4th session.
- Group Therapy: The fee is \$70 per hour per patient. Each appointment is 60 minutes and includes 55 minutes of therapy and 5 minutes for record keeping, billing, and patient home programming. Groups have a maximum of 6 participants.
- Case Review: The fee is \$50. Fees include a 30-minute meeting with a certified and licensed speech-language pathologist to review current outpatient and educational assessments (i.e. MET, IEP, speech/language reports, psychological reports, etc) resulting in a treatment plan or further evaluation. **Case Review is required for all summer speech therapy*
- Evaluation for iLs: The fee is \$500. Individual programs will be based on evaluation results and can include in office and/or home program.
- iLs Home Supervision Services: No fee with rental of an at home unit. Services include an initial consultation and orientation that covers equipment use and program design and specifications. It also includes periodic calls to the Home User to monitor progress and modify the iLs program as required (approx.. 15-20 minutes each): (1) Weekly communication during the first month; (2) Bi-weekly communication through the end of the program or at least four months, whichever comes first. **A Speech Evaluation is required to begin a program. See fees above.*
- Two Thumbs Up Consult: The fee is \$50 for a 30 minute consultation.
- Two Thumbs Up Therapy Program: The fee is \$500. The \$50 consult fee will be deducted from the total cost of the program.
- Other Services: These fees are \$20 for each 15 minutes spent completing a request. This includes report writing, telephone messages lasting longer than 15 minutes, and preparation of records and/or treatment summaries. Fees may be adjusted from time to time, and you will be notified of this in advance.

INSURANCE REIMBURSEMENT

Speech and language therapy insurance benefits have increasingly become more complex; therefore, we do not directly bill insurance companies. We will provide you with the appropriate codes and information you may need so that you, the patient or guardian, can personally seek reimbursement. We will fill out any necessary forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; **however, you (not your insurance company) are responsible for full timely payment of all fees**, even if you are in dispute with your insurance company about what your benefits include. If you plan on seeking reimbursement from your insurance company we suggest calling beforehand to educate yourself on the reimbursement process and your benefits.

PAYMENTS

We are a private pay center and payment for all services is due at the time the service is provided. We accept many forms of payment including cash, personal checks, credit cards, debit cards, and Health Saving Account (HSA) cards. Our credit card service is HIPAA compliant. If for any reason your account has not been paid for more than two weeks your service will discontinue until payment is made in full. If the payment has not been paid within thirty days, an interest rate of 1.5% will be charged on all late fees accrued. If payment continues to not be made in a timely, agreed upon manner, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its cost will be included in the claim. In most collection situations, the only information that is

released regarding a patient's treatment is his/her name, provider name, the nature of the services provided, and the amount due.

By signing below I understand that payment is due at the time of service and that I am responsible for payment, not my insurance company.

_____	_____	_____
Name (Printed)	Signature of Party Responsible for Payment	Date

CANCELLATIONS/NO SHOWS/LATE ARRIVALS

If, for any reason, you are unable to make a scheduled appointment, please give *at least* 24 hours of advance notice. You may do so by calling the office at (586) 726-7777, leaving a voice message, or emailing frontdesk@nolanspeech.com. You will be allowed one cancellation/"no show" without a fee for service. All other cancellations will retain a fee of \$50.00. Written notification will be given to inform you of your fee free cancellation or "no show."

Our patients are very important to us; therefore, we take all means to ensure that everyone is given quality service. This includes prompt beginning and ending treatment times. Therefore, if you are late for your scheduled appointment, you will only be treated for the remaining time of your appointment. The fees for service will not be adjusted. If for any reason the therapist is running behind, you will be granted your full treatment time.

By signing below I understand that there will be a \$50.00 fee for cancellations and "no shows" exceeding one. I also understand that if I am late for my appointment I will only be treated for the remainder of my appointment time.

_____	_____	_____
Name (Printed)	Signature of Patient, Parent, or Legal Guardian <i>(please circle)</i>	Date

CONSENT AND UNDERSTANDING OF SERVICES

I have read and understand the above Patient Services Agreement. I have been counseled on all matters that were not understood and now have clear understanding of all policies and procedures. By signing this document, it will represent consent for services for me or my child outlined in this document.

_____	_____	_____
Name (Printed)	Signature of Patient, Parent, or Legal Guardian <i>(please circle)</i>	Date

PHOTO/VIDEO CONSENT

I consent to the use of pictures and/or videos related to my case for the following (please check):

- Training Courses*
- Social Media*
- Marketing Materials (brochures, flyers, etc)*

_____	_____	_____
Name (Printed)	Signature of Patient, Parent, or Legal Guardian <i>(please circle)</i>	Date