A STEP AHEAD PEDIATRIC THERAPY, Inc.

2505 Taylor Rd.
Columbus, In 47203
Tel: (812) 314-2378
Fax: (812) 373-7616
Email: astepaheadped@sbcglobal.net

"POLICIES FOR CONSUMERS"

It is our goal to inform you of A Step Ahead Pediatric Therapy Policies that directly affect you, the consumer.

POLICY 1. TITLE: ATTENDANCE AND CANCELLATION POLICY

Because the benefits of therapy are directly related to proper attendance and compliance, it is imperative that your child attend all treatment sessions and that you arrive promptly for his/her appointments. Routinely canceling or not showing for appointments will unfortunately result in termination of services.

It is our policy to request 24-hour notice of your need to cancel an appointment. If an emergency arises, please make every attempt to call the office within 2 hours before your scheduled appointment. Failure to notify the office (our answering machine is activated after regular business hours) will result in charging you (not your insurance company) for the session.

POLICY 2. TITLE: DEFINITION OF THERAPY SESSION

Therapy sessions are planned to help your child meet the goals that have been established for him/her. These goals are a result of a collaborative effort between parent, child, therapist, physician, and school personnel (if appropriate). Each treatment session includes direct therapy, consultation time with the parent or caregiver, and a minimal amount of time to document the results of the session.

On occasion, you may request **extra consultation time** for yourself or with other professionals. Because insurance companies only reimburse us for a therapy session, as defined above, we will have to bill you directly for this service. It is **billed at a rate of 1 dollar/minute beyond 15 minutes per week.**

POLICY 3. TITLE: RELEASE OF INFORMATION

In order to keep your primary care physician informed and to have her/him certify that your care is appropriate and medically necessary, A Step Ahead Pediatric Therapy will send pertinent service reports on a regular basis. All other physicians you wish to receive information can be named on the Permission to Release Information form.

As is also standard practice, A Step Ahead Pediatric Therapy will send pertinent service reports to your medical insurance company or third-party payer of services when they request us to do so. You, of course, are always entitled and will receive any A Step Ahead Pediatric Therapy service reports requested.

POLICY 4. TITLE: PAYMENT FOR SERVICES

If full payment for your services has been arranged for with organizations such as **Medicaid**, the information below won't apply to you-unless you are expected to send a billing statement to your insurance company for them to pay part of the services, or you need proof of their denial to pay services.

If you will be using medical insurance for one or more evaluations and/or therapy, we will assist in helping you to receive your maximum allowable benefits. In order to achieve this goal, we need your assistance, and your understanding of our payment policy.

Payment for services is due upon the date of service unless other arrangements have been made in advance with the Business Office Manager. All co-pays for service are expected upon the date of service. **If you have not yet met your annual deductible amount** designated by your insurance company, **you will be expected to make full payment of the "allowable" charge at the appointment time.**

By completing the A Step Ahead Pediatric Therapy Assignment and Instruction for Direct Payment (contained in this packet), prior to the first appointment, **we will process your insurance claim. It must be remembered, however, that not all therapy services are a covered benefit with every insurance company. We must emphasize that as therapy providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our clients, all charges are your responsibility from the date the services are rendered.** In the event that financial problems may occur and affect timely payment of your account, please contact the Business Office Manager promptly for assistance. **Payment for services can be processed via cash or check.**

POLICY 5. TITLE: GRIEVANCE POLICY

We recognize that clients, families and therapists must have a good working relationship in order to be fully effective partners in the therapy process. But sometimes, for whatever reason, that doesn't happen. Please be assured that if at any time, for any reason, you have some concerns about your therapist or your treatment plan, **WE WANT TO HEAR FROM YOU.** It is our goal to provide you with the best possible care!

POLICY 6. TITLE: CLIENT EXPECTATIONS OF CARE

It is understood that as a client of A Step Ahead Pediatric Therapy you can expect:

1. Confidential and respectful care, consideration of your right to privacy; care that is non-discriminatory;
2. You can expect the organization to practice in an ethical manner consistent with laws, regulations and standards of practice.
3. You have the right to inspect and obtain copies of records pertaining to your care. We invite you to participate with your child's therapist in the establishment of the goals of your child's service.

POLICY 7. TITLE: REASONABLE ACCOMMODATIONS

It is our policy to seek reasonable accommodations that will assist qualified clients to derive equal opportunity to fully participate in programs or services provided by the company. It is the intent of the Company to seek accommodations to the known physical and/or mental limitations of clients/consumers, unless to do so would fundamentally alter the nature of the Company program or service or would result in an undue administrative or financial burden to the Company. Accommodations for clients shall include those services or auxiliary aids which will assist in assuring that opportunities to access services, to benefit from services and to participate in the delivery of services are equal to those opportunities of persons without disabilities.

A STEP AHEAD PEDIATRIC THERAPY, Inc.

2505 Taylor Rd.
Columbus, In 47203
Tel: (812) 314-2378
Fax: (812) 373-7616
Email: astepaheadped@sbcglobal.net

ACKNOWLEDGEMENT OF RECEIPT OF
A STEP AHEAD PEDIATRIC THERAPY'S

"CONSUMER POLICIES 1-7"

PLEASE SIGN ITEMS A OR B OF THIS STATEMENT

ITEM A

By my signature below I verify that I have received, read and understand A Step Ahead Pediatric Therapy's Consumer Policies. To the best of my ability, I will adhere to them.

_____ _____

Signature Date

ITEM B

By my signature below I verify that I have received and read A Step Ahead Pediatric Therapy's Consumer Policies. I have, however, questions which I would like answered.

_____ _____

Signature Date

PLEASE SIGN BELOW WHEN ALL QUESTIONS HAVE BEEN ANSWERED

By my signature below I verify that ALL of my questions have been answered regarding A Step Ahead Pediatric Therapy's Consumer Policies. To the best of my ability, I will adhere to them.

_____

Signature Date