



FOLLOW OUR COURSE UNTIL SUCCESSFUL

4997 Royal Gulf Cir, Fort Myers FL 33966

Ph. 239-313-5049 Fax 239-313-5712

CLINIC POLICIES & PROCEDURES

Please carefully read each section in this form. When you have finished, provide your electronic signature on the corresponding section of the online Patient Intake Form. By doing so, you acknowledge that you have read FOCUS Therapy's policies & procedures and agree to abide by the terms as outlined. You further affirm that you are authorized to make medical decisions for the named child/patient, and consent to allowing FOCUS Therapy to provide skilled therapy services according to the documented plan(s) of care.

PRIVATE INSURANCE:

We are considered in-network with MOST major insurance companies. However, if you carry an insurance we do not contract with, we will submit your bill directly to them, but you are responsible for follow-up with the insurance company regarding the processing of your claim.

MEDICAID COVERAGE:

I agree that I have been informed of Medicaid coverage requirements.

HIPAA:

I have been informed of FOCUS Therapy's Notice of Privacy Practices per HIPAA. I understand that I may obtain a copy of this notice at any time by asking the FOCUS office staff, or by visiting:

floridahealth.gov/about/patient-rights-and-safety/hipaa/_documents/notice-of-privacy-practices-9.2017.pdf

CHANGES TO HEALTH/INSURANCE STATUS

I understand that it is my responsibility to notify FOCUS Therapy if there is any change in my child's health status, personal information, or insurance coverage that differs from what I have provided in this form.

ACCIDENT DAMAGES CLAIMS:

I hereby assign and set over to FOCUS, all claims damages, and causes of actions for the same arising out of any accident creating the need for my child to have physical, occupational, or



FOLLOW OUR COURSE UNTIL SUCCESSFUL

4997 Royal Gulf Cir, Fort Myers FL 33966

Ph. 239-313-5049 Fax 239-313-5712

speech therapy services to the extent of any unpaid balance due to FOCUS, for physical, occupational, or speech therapy services. I understand this assignment does not relieve me of any obligation to pay FOCUS, myself.

INTERNSHIPS:

FOCUS accepts therapy students as a part of promoting our profession. Therapy students may be involved in your child's care.

SUPERVISION:

All children require adult supervision at all times, either with a parent or a therapist. It is NOT appropriate to leave children - patients, siblings, or otherwise - alone in the waiting area. It is also NOT SAFE to allow them to roam unsupervised in the treatment areas. Your children are responsible for cleaning up after themselves. Please be responsible.

RIGHT TO REFUSE SERVICES:

I understand that FOCUS Therapy reserves the right to refuse services to any patient at the sole discretion of the therapist/owner.

A printed copy of the Policies & Procedures form can be provided to you at any time upon request by asking our office staff.

FINANCIAL POLICY

By providing your electronic signature in the corresponding section of the online Patient Intake Form, you are acknowledging that you have read and understand the FOCUS Therapy Financial Policy, and agree to the terms and conditions therein.

PURPOSE:

FOCUS is committed to providing quality and affordable care to the patients it serves. We respectfully expect that payment is due by all individuals at the time services are rendered.



FOLLOW OUR COURSE UNTIL SUCCESSFUL

4997 Royal Gulf Cir, Fort Myers FL 33966

Ph. 239-313-5049 Fax 239-313-5712

POLICY:

To ensure all patient balances are appropriately billed and collected.

PROCEDURE:

The following guidelines are to be followed during the billing and collection process:

INSURANCE:

FOCUS participates in most insurance plans. FOCUS will bill the patient's insurance company as a courtesy. Insurance claims will be filed weekly by our billing representative. The patient's insurance company may request patients to supply certain information directly; it is the responsibility of the patient to comply with their request. The patient is directly responsible for the balance of their claim whether or not their insurance company pays the claim. The patient's insurance benefit is a contract between the patient and the insurance carrier; FOCUS is not a party to that contract. If FOCUS does not participate in a patient's insurance plan, we will grant the patient an agreed upon discount on services for balances paid in full at the time of service.

REFERRALS:

It is the patient's responsibility to obtain referral or necessary insurance pre-authorization prior to the time of their visit or procedure. The patient will be seen when required documents are received in our office. We can assist with this process but will not be held responsible for such.

CO-PAY and DEDUCTIBLES:

All copayments and deductibles must be paid at the time of service. This arrangement is part of the patient's contract with their insurance company. FOCUS cannot interfere with that contractual relationship. FOCUS is unable to bill secondary insurances for co-pays, cost shares, and deductibles. This would be the responsibility of the patient.

NON COVERED SERVICES:

Some if not all services a patient receives at FOCUS may be non-covered or not considered reasonable or necessary by insurers. Patients must pay for these services at the time of their visit if applicable. For all BCBS patients, only one therapy service is able to be provided in one single day.

PROOF OF INSURANCE:

All individuals must complete our patient information form before seeing the therapist. In



FOLLOW OUR COURSE UNTIL SUCCESSFUL

4997 Royal Gulf Cir, Fort Myers FL 33966

Ph. 239-313-5049 Fax 239-313-5712

addition, a current copy of your valid insurance card and phone ID/Driver's License is necessary to confirm proof of insurance. If the patient fails to provide this information in a timely manner, they will be responsible for the balance of their claim.

METHODS OF PAYMENT:

FOCUS accepts payments by cash, check, VISA, MasterCard, and Discover. All credit card and debit card transactions will incur a 4% fee to the cardholder.

PATIENT STATEMENTS:

Unless other arrangements are approved by FOCUS in writing, the balance of the patient's statement is due and payable when the statement is issued, and is considered past due if not paid within 30 days of issuance.

NONPAYMENT:

If the patient's account is past due 30 days or greater and the balance has not been paid in full or payment arrangement made, the account may be sent to collections. In the event that the patient's account is balanced with a collection agency, a collection fee in the amount of 30% of the then outstanding balance will be added to the patient's account and shall become a part of the TOTAL amount due. Until balances are paid in full, therapists will treat patients on an emergency basis for previously treated injury or problem. Any allowed visits will require cash or credit card payment in full at the time of service, unless they have valid insurance. Patients may be terminated due to non-payment. If the patient has filed bankruptcy during the course of treatment, any future visits need to be paid by cash or credit card if the patient does not have valid insurance. If there is a valid insurance, any copayments or deductibles need to be paid at the time of service.

RETURNED CHECKS:

A \$35.00 service fee will be added to all checks returned for insufficient funds. If your check is returned, you will be required to pre-pay all future services at the time of service by cash, money order, or credit card.

CREDIT BALANCE REFUNDS:

FOCUS will make a good faith effort to capture all accounts that have been overpaid by a patient or insurance carrier and to refund the appropriate party within a reasonable time frame.

A refund will be issued when:

- A patient paid more than was based on their contractual agreement with their insurance carrier, and there is no other outstanding balance due by that patient to which the credit can be applied.



FOLLOW OUR COURSE UNTIL SUCCESSFUL

4997 Royal Gulf Cir, Fort Myers FL 33966

Ph. 239-313-5049 Fax 239-313-5712

- A patient or insurance carrier erroneously issues a duplicate payment
- A payor erroneously remits payments to the wrong provider.
- The payor originally remits payment for a service that is later determined to be a non-covered service. In the situation, a refund may need to be issued to the payer, and a bill issued to the patient if said non-covered service is deemed by their insurance to be a patient responsibility.

Refunds will not be issued:

- If insurance is pending payment
- When there is a pre-existing balance due on the patient's account.

MISCELLANEOUS FEES:

There will be up to a \$40.00 fee assessed for any additional paperwork that the therapist may need to fill out such as Special Equestrians Evaluation, grant letters, equipment recommendations etc. These services are not covered by insurance or Medicaid and require extra therapy time to complete. Please be advised that payment is due at the time of service.

TREATMENT RECORD COPIES:

If you require our office to provide a copy of your records, you must sign the appropriate Release of Information form. Copies will be 50 cents per page.

Special Circumstances

DIVORCE:

In the case of divorce or separation, the party responsible for the account balance is the parent authorizing treatment for the child. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

PERSONAL INJURY CASES:

In the case of patients that are being treated as part of a personal injury lawsuit or claim, FOCUS requires verification from their attorney prior to their initial visit if applicable. Payment of the bill remains the patient's responsibility. FOCUS cannot bill the patient's attorney for charges incurred due to the personal injury case.

A printed copy of the FOCUS Financial Policy form can be provided to you at any time upon request by asking our office staff.



FOLLOW OUR COURSE UNTIL SUCCESSFUL

4997 Royal Gulf Cir, Fort Myers FL 33966

Ph. 239-313-5049 Fax 239-313-5712

CANCELLATION, NO-SHOW, LATENESS, & SICK CHILD POLICIES

By providing your electronic signature in the corresponding section of the online Patient Intake Form, you are acknowledging that you have read and understand FOCUS Therapy's policies for a sick child, cancellation/no-show, and lateness. You further agree to the terms and conditions therein.

SICK CHILD POLICY

All patients should be fever-free and symptom-free for 48 hours prior to in-person therapy sessions. Additionally, please do not bring other family members to our clinic who have been recently ill unless they also have been symptom-free for at least 48 hours.

LATE POLICY

If you will be arriving late to therapy, **NOTIFICATION IS REQUIRED**. If you are more than 15 minutes late without notification, a \$40 fee may be assessed, and your therapy session will



FOLLOW OUR COURSE UNTIL SUCCESSFUL

4997 Royal Gulf Cir, Fort Myers FL 33966

Ph. 239-313-5049 Fax 239-313-5712

be canceled. This fee is the patient's/parent's responsibility, and WILL NOT BE COVERED BY INSURANCE. Payment in full is required prior to the next therapy session, or cancellation of services will take place.

CANCELLATION/NO-SHOW POLICY

All patients are subject to our cancellation/no-show policy. Therapy services are in high-demand, and the efficacy of these services relies heavily on patients following plan-of-care recommendations for treatment frequency. In fairness to the patient, the therapist, clinic staff, and other families on our waiting list, cancellations should be avoided whenever possible.

Cancellation notice must be given no less than 24 hours in advance. If notice is not provided within 24 hours, there will be a \$40 charge per discipline. This fee is not covered by insurance. It is your responsibility, and it must be paid prior to the next therapy session. Failure to make a timely payment of this fee may result in cancellation of services.

If you miss two (2) appointments without calling at least 24 hours in advance, your appointment time slot may be given to another child, and your child may be discharged from therapy.

In the event of unforeseen circumstances/sick child, cancellation notice must be given by 8 a.m. for morning appointments and 12:00/noon for afternoon appointments to avoid the \$40 fee.

Excessive absences due to illness may require a doctor's note to resume therapies. If your child has five (5) missed visits within a six (6) month period, your child will be subject to discharge from therapy services at FOCUS.

If you cancel therapy services for a period longer than 2+ weeks, your appointment time will not be reserved. Upon return from your leave, you will need to contact our office staff to reschedule.

A printed copy of our Sick Child/Cancellation form can be provided to you at any time upon request by asking our office staff.



FOLLOW OUR COURSE UNTIL SUCCESSFUL

4997 Royal Gulf Cir, Fort Myers FL 33966

Ph. 239-313-5049 Fax 239-313-5712

CONSENT FOR TREATMENT

By providing your electronic signature in the corresponding section of the online Patient Intake Form, you are acknowledging that you have read and understand the information provided in this form regarding skilled therapy at FOCUS. You affirm that you are authorized to make medical decisions for the named child, and authorize treatment for that child according to the plan(s) of care that have been documented. You further attest that you know you are entitled to a copy of your child's plan(s) of care at any point, and are free to ask questions about your child's therapy at any time.

THERAPIST/THERAPIST TRAINING:

Each patient receives 1:1 direct instruction from a licensed and/or certified therapist at FOCUS. We do our best to match your child to a therapist/therapists that will work well with your child's individual needs. We cannot guarantee that your child will always have the same therapist. All therapists at FOCUS provide quality care thus your child's interactions with professionals of different treatment styles will ultimately be the most beneficial to him/her.



FOLLOW OUR COURSE UNTIL SUCCESSFUL

4997 Royal Gulf Cir, Fort Myers FL 33966

Ph. 239-313-5049 Fax 239-313-5712

COMMUNICATION FROM THERAPISTS:

Following all sessions, you will be provided feedback on your child's response to intervention. Most often the therapist will provide this feedback in person, however some information may not be suitable for your child (or others) to hear. If you prefer to communicate at a later time or in private, please let your therapist know in advance. All therapists can be emailed directly through their focusflorida.com email account. Furthermore, this feedback and recommendations for home carryover will be crucial to your child's success.

CONFIDENTIALITY:

We believe you and your child deserve privacy as part of the quality therapy services they receive at FOCUS. This is one reason why we do not allow parents to be present in the session. If you or your child's therapist feel it is important for you to observe their session(s), a baby monitor may be available by request from the front desk. If you are welcomed to the back therapy gym for either a tour or meeting with the therapists. We ask that you do not ask questions regarding the care provided to children other than your own. Observations you make of other children must be kept confidential and should not be discussed with others under any circumstances.

SAFETY:

Some children that receive therapy at FOCUS have behaviors that negatively impact their ability to make progress. If your child is demonstrating behavior problems that could cause harm to themselves or others, we will be obligated to utilize crisis prevention intervention in order to keep themselves and others safe. In this event, we will provide you with a written incident report that will describe the event that occurred in detail. We will ask that you sign the incident report and you will be given a copy for your own records. If your child is in need of more intensive interventions to resolve these problem behaviors they will be referred for ABA therapy. ABA therapy can only be provided under a doctor's prescription.

TREATMENT PLAN:

During the evaluation process, if your child was found to have skills that are not consistent with his/her same aged peers therapy will be recommended. Each therapy discipline including speech, occupational, physical, and ABA therapy will have a separate treatment plan that will guide the intervention provided to your child. Please direct questions regarding each treatment plan to that therapist.

A printed copy of the Consent for Treatment form can be provided to you at any time upon request by asking our office staff.



FOLLOW OUR COURSE UNTIL SUCCESSFUL

4997 Royal Gulf Cir, Fort Myers FL 33966

Ph. 239-313-5049 Fax 239-313-5712
