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Pediatric Therapy Center

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WELCOME

(Revised May 2016)

Thank you for selecting our facility to help you with your pediatric therapy needs. The purpose of this letter is to familiarize you with our policies and methods of practice.

Therapeutic Services: Creative Speech Solutions, LLC prides itself on utilizing the latest and most sophisticated therapeutic techniques. Our therapists regularly attend continuing education courses and work together as a comprehensive team. We are therefore able to offer the most advanced evaluative and therapeutic services. In addition, we are available to provide educational consultations and coordination and to establish therapeutic plans.

Appointments and Cancellations: Regularly-scheduled therapy appointments represent an agreement between you and your child's therapist. A particular time slot will be reserved for your child. Please give serious consideration when establishing the frequency of therapy for your child, as it is important for you to regularly attend therapy sessions. Please make sure you choose a frequency that is reasonable and realistic for your child and your family.

Your child is expected to regularly attend scheduled sessions. Reasons for absence should be limited to serious illnesses, hospitalizations, emergencies, critical family situations, special school functions, vacations, and holidays. We require cancellations to be made at least 24 hours prior to your scheduled appointment. All cancellations made with less than 24 hours notice, for any reason other than the illness of the treated patient, will be charged a cancellation fee (\$50 for 30 minutes, \$60 for 45 minutes and \$75 for one hour sessions). Please be advised this fee cannot be billed to your insurance company or the Board of Education. With the exception of Saturday therapy appointments, occasional last-minute illnesses and emergencies are exempt from the cancellation fee. If your child wakes up sick or is sent home from school, please call as early as possible so the therapist has time to schedule another appointment in your child's slot. Feel free to leave a message if no one answers the phone. When it is necessary to cancel a session, we encourage you to reschedule it, whenever possible, to ensure consistency of treatment and maximize therapeutic gains. You can also use your child's therapy slot for consultation with your therapist. **If there are excessive cancellations, we reserve the right to put therapy on hold.** If your child is absent from therapy 25% of the time or more over a 2-month period, therapy will be discontinued (unless special arrangements have been made) and a child on the waiting list will be given that therapy spot.

Within treatment sessions, you can expect your therapist to spend time (approximately 5 minutes) conferring with you regarding the session, home programming and/or other concerns. If you require more than this time, please discuss this with your therapist in advance and if necessary a separate appointment or phone conference can be made. We would prefer you not leave the building during your child's session. However, if you need to leave on occasion, please leave a cell phone number for immediate contact in case of an emergency. Remember to return at least 10 minutes prior to the end of the session to allow for this discussion time so we are able to ensure your right to confidentiality, as well as maintain our schedule.

You can expect advance notice from your therapist for cancellations due to professional endeavors, family situations, and vacations. Barring unforeseen circumstances, you will be notified by 9:30 a.m. if your therapist must cancel your appointment for that day due to illness or emergency. For inclement weather updates, check our website or call the office. If nothing is noted, then sessions are being held as scheduled. Whenever possible, your therapist will reschedule a missed appointment or recommend another therapist at Creative Speech Solutions, LLC who could temporarily assume treatment responsibility for your child.

Billing Policy: Families and insurance carriers we participate with are billed directly on a monthly basis for services provided at the rates outlined on the enclosed fee schedule. We are a contracted provider through Aetna Healthcare and Cigna Insurance companies for medically necessary/contractually covered speech therapy services; coverage for speech-language and feeding therapy services differs from plan to plan and is determined by your insurance carrier. Please note that we are only in network with Aetna and Cigna's commercial plans; we are not providers with their NJ FamilyCare Medicaid plans. If you are unsure of what plan you have please call the number on the back of your insurance card. **Occupational therapy, nutritional consultations, and music therapy are all out-of-network services.**

For In-Network Families: We will bill your carrier directly. Although we are a provider for these two companies, this does not guarantee coverage of services or payment for these services by your insurance company. Different plans cover different services. **It is therefore essential that you educate yourself regarding the services provided by your individual plan as well as the rules and regulations of your plan. This is extremely important, as some individual plans require referrals or pre-certification before appointments; all HMO insurances require a referral for evaluation and therapy services from the child's primary care physician.** Please be aware that it sometimes takes over a month for insurance to process claims. Once we receive a statement from your carrier, we will bill you for the outstanding balance. In the event that your insurance company denies payment or authorization, you are 100% responsible for the bill in full. In addition, claims not paid after 90-days by in-network providers automatically become the responsibility of the guarantor/subscriber.

For Out-of-Network Families: Families, themselves, are to submit to their insurance companies for reimbursement. Our staff will gladly assist you (i.e. explanatory letters, phone calls, etc.) with obtaining reimbursement from out-of-network insurance companies. When submitting for

reimbursement, bills can generally be attached to your insurance claim forms. In the event that additional information is required, please contact our office.

Cash; personal checks made payable directly to Creative Speech Solutions, LLC; and Visa and Mastercard are options for payment. A \$30 fee will be charged for any returned checks. Your insurance company should reimburse you directly for the expenses you incur related to services provided. Checks from your insurance company are not accepted as a means of payment. We do ask that all patients keep a valid credit card on file with our office even if you will not be paying in this manner on a regular basis.

Unpaid Bills: You will be billed on a monthly basis. Payment is expected in full within two weeks of receipt of your invoice, unless special arrangements have been made in advance with our billing department. Please **do not wait** until you have received payment from your carrier before forwarding your remittance to us. **Outstanding balances that are not paid within 45 days will be charged to the credit card on file.** *If we submit your claim for services as an in-network provider, bills for services rendered but not allowed, covered or reimbursed to us by your insurer are due upon receipt of said bill. All other bills for services rendered are also due upon receipt, including but not limited to bills for co-pays, deductible amounts and therapy. You agree to pay interest at a yearly rate of 12% on any remaining balance not paid within 30 days from the date of the bill. You also agree to pay any collection fees or costs, attorney's fees, and related costs and expenses incurred in pursuing any balance not paid within 90 days from the date of the bill.*

Appeals: If you are in the process of appealing your insurance company's decision regarding coverage, it is expected that you take on the responsibility of paying for services until the appeal process is complete. In the event that you win an appeal, we will happily reimburse you upon receipt of payment from your insurance company for any overpaid amounts.

Consent Forms: A parent or guardian must sign the following forms prior to the evaluation: Payment Guarantee, Consent for Treatment, Authorization to Release Information, Patient Liability Statement, and Acknowledgement of Receipt of Notice of Privacy Practices. If you prefer that certain information not be released (or that it only be released to certain individuals), kindly indicate that on the Authorization to Release Information form. No one will be treated for therapy without a signed consent form.

Parking: We do offer on-site parking; however, please note that the parking lot is often full during peak hours (i.e., 3:30-6:00). In the event that there are no spots available, there is metered parking available on Summit Ave., and free parking on Euclid Ave (perpendicular to Summit Ave., directly across from the building). If you come during peak hours, please allow ample time to park prior to your scheduled appointment time.

Staying On Schedule: Therapists try very hard to stay on schedule; however, there may be times when you have to wait 5-10 minutes due to unforeseen circumstances. If a therapist is running behind schedule, your child will always be seen for his/her allotted amount of time; however, we can not afford to extend the same courtesy if you are late to your appointment.



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FEE SCHEDULE

Updated 4/5/16

Fees are subject to change at any time without notification.

All assessments include a review of the records, comprehensive evaluation, goal setting, and consultation with the parent(s) to discuss findings and recommendations.

Tier One Evaluations: Tier One assessments will be followed by a typed report summarizing functioning levels, underlying problems, relative strengths and recommendations. If a more comprehensive report is requested or deemed necessary then additional fees may be incurred. Please allow 2-3 weeks for reports to be completed.

Tier Two Evaluations: Tier Two assessments do not include a written report. If anything written is required in the future, fees will be charged accordingly. *Please note that written reports are often required by insurance companies in order for them to determine/authorize coverage for therapy. If a comprehensive report is not required, a treatment plan can be completed for an additional \$75.*

Determination regarding type of evaluation to be performed (Tier One or Two) MUST be made well in advance of the evaluation date, as Tier Two evaluations are performed by the therapist who will be providing treatment services, and must be scheduled accordingly.

<u>Speech-Language Pathology</u>	<u>Tier One</u>	<u>Tier Two</u>
Oral Motor Speech/Feeding and Communication Evaluation <i>For young children: non-standardized informal assessment</i>	\$450	\$270
Oral Motor Speech/Feeding Evaluation <i>Preschool and Older</i>	\$425	\$255
Oral Motor Speech/Feeding and Language Evaluation <i>Preschool/Kindergarten</i>	\$525	\$315
Oral Motor Feeding and Swallowing Evaluation	\$375-\$450	\$225-\$270
Myofunctional/Tongue Thrust Swallow Evaluation	\$375	\$225
Oral Motor Speech/Feeding and Language Evaluation <i>6 years old and older</i>	\$600	\$360
+Auditory Processing Testing	+\$50	+\$30
+Pragmatic/Social Language Testing	+\$50	+\$30
+Literacy Testing	+\$150	+\$90
Language Evaluation (Age 6 and up)	\$500	\$300
+Auditory Processing Testing	+\$50	+\$30
+Pragmatic/Social Language Testing	+\$50	+\$30
+Literacy Testing	+\$150	+\$90
Literacy Evaluation (Age 5 ½ and up)	\$375	\$225
Fluency Evaluations	\$425	\$255
Comprehensive School-Based Evaluations	\$600-1500	N/A
<i>Evaluations to justify the need for/changes in school-based services (not billable to insurance)</i>		

Occupational Therapy

Motor and Sensory Evaluation

\$550

\$330

Includes overall clinician observation, standardized testing (e.g., assessment of visual-motor skills, visual-perceptual, and/or motor proficiency) and sensory processing assessment.

Handwriting Evaluation

\$325

N/A

*Includes summary report/treatment plan. If handwriting deficits appear to be the result of underlying deficits (e.g., fine-motor, visual-perceptual, muscle weakness), a comprehensive **Motor and Sensory Evaluation** must be completed before therapy can be initiated.*

Additional Services

Nutritional Consultations

Initial Consult

\$250

Follow-up sessions

\$100

Treatment Plans

Initial Treatment Plans are for newly-evaluated patients and include a summary of evaluation findings, impressions, recommendations, and measurable goals; updated treatment plans are for current patients and include updated goals.

Initial Treatment Plan

\$75

Updated Treatment Plan

\$50

Program Plans (to be followed by outside professional/parent)

\$150

Review of Records and Establishment of Goals

\$75

For new patients evaluated at another facility

Progress Reports

\$50-\$75

Include basic background history, report on progress and updated goals and recommendations (does not include results or analysis of standardized testing)

Letters to School Districts

\$50

Includes basic background information and general IEP recommendations (does not include results or analysis of standardized testing)

School Visits (for classroom observation and/or IEP meetings)

\$170 per hour

Appeals to Insurance Carriers

TBD on a case-by-case basis

Special Reports

TBD on a case-by-case basis

Indirect Services

\$100 per hour

Formally-scheduled parent meetings (aside from the initial conference)

Coordination/consultation with outside therapists/teachers/physicians

School meetings via phone

Reassessment

\$250-\$400

This rate applies only to formally scheduled reevaluations with written reports. At times, diagnostic testing is performed during therapy sessions for planning purposes. This is considered part of the treatment process and cost for these services is included in therapy fees. If you would like results obtained in the manner to be written up as part of a progress report or re-evaluation report, there will be an additional charge incurred.

Speech, Feeding and Occupational Therapy Sessions

30 minutes - \$87; 45 minutes - \$119; 60 minutes - \$170

No Show/Cancellation Fees

\$50 per 30-minute session; \$60 per 45-minute session; \$75 per 60-minute session

\$100 forfeit of deposit for late cancellation/no show for evaluations



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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you a nominal fee to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of the Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web by electronic mail (email), you are entitled to receive this Notice in written form.

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