



PATIENT POLICIES AND PROCEDURES

1. Attendance Policy: In order to provide the best services possible, we ask that you:
 - Cancellations: Call the office at least 3 hours prior to scheduled appointment to cancel and make an effort to schedule a make-up session if possible. If an appointment is not canceled 3 hours prior to the scheduled appointment you will be charged a no-show fee of \$40.
 - Missed Appointments: In the event of 3 missed appointments without prior notification services may be discontinued or put on hold.
 - Late for Appointments: If you are late for an appointment the session will only go as the originally scheduled time unless otherwise determined by your therapist.
 - Therapist Cancellation: If a therapist needs to cancel an appointment you will be notified as soon as possible and every effort will be made to make the session up.
 - Appointment Reminders: You will be reminded for your appointment via email. Please make sure that you check your emails weekly.
 - Please understand that your therapist gets paid per session, so if you cancel, they do not get paid.
1. Sick Policy: In order to keep our therapists healthy as well as the other children we work with we ask the common courtesy of canceling when your child is sick. If your child has a fever, a persistent cough, has been vomiting or has diarrhea, please call and cancel your appointment. A general rule of thumb is that if a child has been on an antibiotic for 24 hours, has been fever free or not had vomiting or had diarrhea for 24 hours they should not be contagious. We appreciate your understanding and will be happy to reschedule your appointment.



2. Current Information: You are required to notify our staff of any changes in your patient information such as insurance, physician, home address, phone, or email.
3. Privacy Policy: Moore Pediatric Therapy Services, LLC complies with all applicable HIPPA guidelines to protect patient privacy. Patient information is kept in a private, safe and secure location. Evaluation reports, progress reports, and therapy notes may be sent to insurance companies, referral sources, or doctor's offices for the purpose of providing continuity of care or to obtain reimbursement. This information may be sent via fax, email, provider portals or US mail.
4. Notice of Physician or Insurance Policy: Any change in physician or insurance needs to be reported to Moore Pediatric Therapy Services, LLC office in order to maintain delivery of services. Most insurance requires a physician's order in order to authorize services. If insurance claims are denied because of changed policies that are not reported to MPTS you could be responsible to pay for therapy sessions in full.
5. Financial Policy:

The following financial policy is required for you to read and sign prior to evaluation and treatment.

In signing this form, you indicate that you understand you are ultimately responsible for payment of your bill. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We accept assignment of benefits on verified insurance policies and as a courtesy bill to your insurance carrier. Copays, co-insurance and deductibles are due at the time of service unless otherwise agreed upon in advance. Any remaining unpaid balances after the insurance company(s) have paid, that are based on the contract rate between Moore Pediatric Therapy Services, LLC (MPTS) and the insurance carrier, are due within 60 days.

If any payment made by your insurance is sent directly to you for the services billed by us, you recognize an obligation to promptly remit to MPTS.

Regarding your insurance benefits: If we are in network with your



insurance company, we can look to see what/if services are covered and what the cost 'may' be. Cost being a copay or coinsurance after deductible has been reached or payment towards deductible. This is not a guarantee of payment. We will obtain prior authorizations for those plans that require it before therapy begins. Your insurance company, not MPTS, will determine if these charges will be covered when they receive an insurance claim from us which includes the procedure that took place and the diagnosis.

Invoices: We will bill your insurance company for services. Once we get the EOB (explanation of benefits) back from your insurance company we will know what your portion will be and will send you an invoice.

Invoices must be paid within 15 days of date on invoice. If your account balance gets to \$300 without contact or setting up on a payment plan then services will be suspended until the balance is paid in full.

Changes in your insurance coverage: It is your responsibility to inform MPTS of any changes of insurance coverage during the course of treatment.

6. Parent/Caregiver Participation: Our goal is to provide your children and family with the best therapies and support as possible. For young children the therapeutic journey requires the participation of the entire family and all caregivers' involvement and participation, not just the child. We encourage parents and caregivers to attend all therapy sessions and to follow up with carryover activities at home.
7. Evaluations: An evaluation is required prior to the initiation of therapy. We provide thorough formal evaluations for all areas of speech and language including articulation, expressive language, receptive language, pragmatic (social) language, fluency and voice as well as bedside feeding abilities. In addition, our Occupational Therapist evaluates fine motor skills, sensory processing skills, visual motor skills, integration skills, ocular motor skills, and motor planning. Physical Therapist evaluate gross motor skills, balance, coordination and range of motion. Mental and Behavioral Health Therapists evaluations can be extensive and more broader depending on the current concerns of the



patient. Prior evaluations from other facilities or schools are accepted if they have been completed within the last 60 days. Any IEP or IFPS and corresponding progress reports are requested for consistency of planning. All evaluations administered by Moore Pediatric Therapy Services, LLC will include a written report to explain all administered tests, list and summarize all results/scores, as well as include a plan of care with goals to be updated every 6 months. If you would like a copy of this evaluation, please request a copy from your therapist or front office receptionist.

8. Therapy: After a plan of care has been established, therapy sessions may begin. Speech and Language therapy sessions are typically 30 minutes long with a frequency determined by the severity of need and occupational and physical therapy sessions are typically 45-60 minutes long depending on the age and needs of each child.
9. Discharge Policy: Patients will be discharged from therapy services when:
 - The patient's guardian declines assessment and/or treatment
 - The patient's guardian requests discharge and/or transition
 - The patient's primary care provider declines signing off on Dr orders
 - The patient achieves functional treatment goals or has achieved maximum benefit from therapy.
 - The patient is unable to progress towards anticipated goals and/or expected outcomes because of medical/psychosocial complications
 - The patient is being transferred to another agency (transition of services);
 - The patient fails to uphold attendance regulations;
 - The patient's guardian is unable to be reached despite continued efforts;
 - The patient moves away;
 - The patient or guardian doesn't follow clinic standards/practices;
 - The patient has been "on hold" for more than two weeks with no explanation;
 - Treatment services are not available;



- At the discretion of the practice, due to any circumstances that impedes with therapy and safety of all.

PATIENT POLICIES AND PROCEDURES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Retain this copy for your records. Please review it carefully.

The following is the privacy policy, “Privacy Policy”, of Moore Pediatric Therapy Services, LLC as described in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires Covered Entities by law to maintain the privacy of your personal Health Information and to provide you with the notice of Covered Entity’s legal duties and privacy policies with respect to your personal Health Information. We are required by law to abide by the terms of the Privacy Notice.

OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer aka Operations Manager.



For Treatment: We may use and disclose Health Information for your treatment and to provide you with treatment related health care services

For Payment: We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for treatment and services you received.

For Health Care Operation: We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care and to operate and manage our office.

Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services: We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you. Methods of contact may be via telephone call, email or text message, using the contact information you have provided.

Individuals Involved in Your Care or Payment of your Care: When appropriate, we may share Health Information with a person who is involved in your healthcare or payment for your care such as a family member.

SPECIAL SITUATIONS: We May use and Disclose your PHI without your Written Authorization for the Purpose of:

As Required by Law: We will disclose Health Information when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to prevent the threat.

Business Associates: We may disclose Health Information to our Business Associates that perform functions on our behalf and provide us with services if the information is necessary for such functions or services.



Military and Veterans: If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Public Health Risks: We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed with a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Judicial and Administrative Proceedings: Such as in response to subpoenas or court orders

Research: Under certain circumstances, we may disclose your protected Health Information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected Health Information.

Law Enforcement: Such as disclosures about a suspected crime victim; to identify or locate a suspect, fugitive, material witness, or missing person; or about a crime committed in our office.

Coroners, Medical Examiners, and Funeral Directors: to identify a deceased person; to determine cause of death or to allow funeral directors to carry out their duties.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information (PHI) will only be made with your written authorization:



- Uses and disclosures of Protected Health Information for marketing purposes; and
- Disclosures that constitute a sale of your PHI. (This statement is required however we will NEVER SELL INFORMATION regarding our CLIENTS.)

YOUR RIGHTS:

You have the following rights regarding Health: Information we have about you

Right to Inspect and Copy Records: You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes therapy and billing records. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. You also have the right to a password protected electronic copy of your records.

Right to Amend Incorrect Data: If you feel that the Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for our office.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and healthcare operations or for which you provided written authorization.

Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care of the payment for your care. This request must be in writing to Moore Pediatric Therapy Services, LLC.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You are given a copy of this notice on your first visit; however, you may request another copy at any time. To obtain a paper copy, request it from



someone at our front desk or go to our website (www.moorepediatricnc.com) and print a copy from there.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. The notice will contain the effective date on the first page, in the top right-hand corner.

QUESTIONS OR COMPLAINTS:

MPTS recognizes the importance of confidentiality, and your right to be fully informed of all regulations regarding protected health information. If you feel that your privacy rights have been violated, please contact **the Privacy Officer to ask questions or file a complaint – Phone: 910-673-5437**. Or you may contact the U.S. Secretary of Health & Human Services.