



Policies that Impact You

Be sure to read these policies carefully – they will impact your time at ABG. After you have read it, sign this form and bring a copy to your first appointment. Please save a copy of the form in your folder for reference.

Appointments:

Appointment times are held consistently from week to week. Clients are typically seen once a week for 30 to 45 minutes. Parents/caregivers are welcome to leave the building as long as we have a telephone number where we can reach you. You must be back no later than 5 minutes before the end of the appointment.

Late Arrival:

Please call to let us know if you will be late to an appointment. All appointments must be at least 15 minutes long in order for us to bill. If you are so late we are unable to bill, the appointment will be considered a “no show” and billed accordingly.

Late Pick-Up:

Parents/caregivers must be back at the clinic 5 minutes prior to the end of the session. A late pick-up fee of \$10 for the first 2-to-10 minutes and \$10 for every 10-minute increment thereafter will be charged. These fees cannot be billed to insurance or Medicaid. Clients are responsible for paying late pick-up fees at the time of pick-up.

Attendance:

Regular and consistent attendance is critical to a client’s rate of progress. The only truly acceptable reasons for cancellations are illness, office closures for holidays, family vacations, and family emergencies. If an appointment MUST be cancelled, please attempt to reschedule. We ask for an attendance rate of at least 85% and every Plan of Care includes an objective for attendance and home programming.

Parent Collaboration:

Expect to fit practice into your daily routines to support your child’s development between therapy appointments. This is very critical to your child’s progress. It lets them know that you are committed to their success and it helps them to master what they’re working on in therapy. Your therapist will regularly suggest techniques and activities to use at home. In time, you will accumulate a collection of strategies to use as needed.

Substitute Therapists:

If the client’s regular therapist cannot be at a scheduled appointment, every effort will be made to obtain a substitute therapist so that treatment is not interrupted. If an appointment must be cancelled by ABG Therapy & Wellness Center, we will do so at the earliest possible time. Other than therapist vacations, we will attempt to reschedule if a substitute therapist is not available. ***Please be sure to inform us immediately if your contact information changes.***

No Shows/Cancellations/Reschedules:

Please look ahead on your schedule and let us know of any upcoming scheduling conflicts. You may contact us by phone or e-mail (info@abgtherapy.net) to cancel or reschedule an appointment. We have 24-hour voicemail available. **A “no show” appointment fee of \$30 will be billed to the client for missed appointments or cancellations made less than 4 hours in advance and unrelated to emergency, or inclement weather.** Cancellation fees cannot be billed to insurance or Medicaid. Clients are responsible for paying cancellation fees. A client may be discharged from therapy after three missed appointments or if attendance falls below 80%. **Please see our Cancellation Policy for detailed information.**

Severe Weather Closures:

ABG Therapy & Wellness follows school district closures for closures related to severe weather. When schools in Fort Collins and/or Loveland close for weather, we close as well. This applies to “late starts” and “early closures” as well.

Illness:

The client should be fever-free and free from vomiting and/or diarrhea for 24 hours before returning to therapy following an illness. In the case of exposure to communicable diseases, please follow physician recommendations. If a client is too ill to attend school/work, they are too ill to attend therapy.

Referrals/Doctor's Orders:

Unless you are a self-pay client, doctor's orders are required for evaluation and treatment. Some insurance plans require a referral. If your insurance requires a referral from your physician and a prior authorization for therapy, we will initiate that process. However, it is *your* responsibility to make sure the referral is in place before starting treatment. It is also your responsibility to be aware of the following authorization information: dates, number of visits, and any limitations or exclusions.

Payment for Services:

Copayments, Coinsurance, Deductibles, and Private Payment are all due at the time of service. Payment should be made at the time of service. Any duplicate payments that may come in from your insurance will be refunded to you. Payments can be made with cash, checks, or credit cards. There is a \$35 charge for returned checks.

Medicaid: We are responsible for billing Medicaid for you. **If you lose Medicaid but continue to keep appointments, you will be personally responsible for payments.**

Insurance: We will bill your insurance plan when we are in net-work with (contracted with) your health insurance company. We no longer bill insurances when we are out-of-network. For self-pay (private pay) clients and out-of-network clients, your therapist will give you a Superbill at the end of your session. You are expected to make your payment indicated on the Superbill at the time of service and you can then submit the Superbill to your insurance company for reimbursement. **If your insurance changes for any reason and you continue to keep appointments without notifying us, you may be personally responsible for payment.**

Client Confidentiality:

At your request, we are happy to correspond with other persons regarding the client's progress when we have your written permission. The necessary form is included with your intake information and can be updated at any time.

Reports:

Following the initial assessment, an Evaluation Report and Plan of Care is completed. A Summary of Progress and a new Plan of Care are completed every 6 months. Re-evaluations are routinely completed every 12 months unless insurance dictates differently. Copies of all reports are sent to referring physicians and family. *It is strongly recommended that families keep copies of reports filed at home in a place where they can be easily located. Additional copies of reports at later dates are available at a charge of \$15 per report.*

I have read and agree to abide by the above policies.

Client name: _____

Name of responsible party: _____

Signature of responsible party: _____

Date of signature: _____