



2017 Policies and Procedures at PDC

Please read and initial each item. Then sign at the bottom. A copy of this contract can be provided to patients upon request.

_____ **Billing Policies:** The Pediatric Development Center, llc is a preferred provider for United Health Care, Blue Cross Blue Shield, and the Maryland Medical Assistance Programs. PDC submits all claims for those who are participants with BCBS, UHC, and Maryland Medical Assistance. It is however, the patient's responsibility to know their own benefits and share that information with PDC. The patient is responsible for all denied charges described as patient liability. In order for PDC to submit claims, all patients are required to call BCBS/UHC and complete the attached Insurance Questionnaire form. ***It is the responsibility of the patient to inform PDC of any requirements for therapy services. This includes, but is not limited to, coverage for an initial evaluation, physician referral, if preauthorization is required, and changes made to your policy. Failure to notify PDC may result in denials, and the policyholder will be billed.*** It is the responsibility of patients with other insurance policies to handle their own insurance matters.

_____ **Co-Payments, Co-Insurance and Deductibles:** Co-pays are due at the time services are rendered. If you have a deductible and/or a co-insurance, you will receive a bill in the mail once we receive the Explanation of Benefits (EOB). These payments are due prior to your child's next session and can be made via: MasterCard, Visa, Discover, Check or Cash. Failure to pay copays, co-insurance, and/or deductibles will result in termination of services.

_____ **Credit Cards On File:** PDC's practice management software automatically encrypts and stores credit card information. Appropriate security measures are taken by PDC's credit card processing company, practice management software company, and PDC, llc in compliance with the law to ensure your credit card information is protected. If you do not wish to share your credit card information with PDC, payments may be made via Cash or Check.

_____ **Private Pay:** For those patients who are not participants with BCBS, UHC, nor the Maryland Medical Assistance Programs, PDC can provide you with a receipt to submit to your insurance company upon request. The private pay fee for a 50 minute session is \$125.00, and it is \$85.00 for a 30 minute session. Payments are due at time services are rendered. These payments can be made via: MasterCard, Visa, Discover, Check or Cash.

_____ **Cancellation Policy:** **24 hour notice** is required for all cancelled appointments. Failure to provide this notice to PDC will result in a **\$100.00 cancellation charge**. This payment is due prior to your child's next appointment. PDC cannot bill the insurance company for this charge. Missed appointments are costly to your child's therapist, as therapists are paid per session. As a courtesy, make up sessions will be offered in lieu of required payment of the fee. The courtesy of giving your therapist 24 hours notice also provides the therapist an opportunity to adjust her schedule accordingly. More than 3 cancellations per quarter will result in losing your scheduled time slot. When a session must be cancelled or rescheduled, please send an email to your therapist AND info@PDCandMe.com. Thank you for your cooperation in following this policy.

_____ **Medical/Flex Spending Accounts:** "Explanation of Benefits" (EOBs) can be used to file your co-pays, co-insurance or deductibles to your medical expense accounts for reimbursement. Coded receipts given for the private pay fee may also be used for reimbursement.

_____ **Additional Costs:** \$25 per 15 minutes will be charged for non-reimbursable services that are requested by patients. Examples of these requests may include (but are not limited to):

- Calling insurance companies on the patient's behalf for an explanation of benefits
- Providing patients with a print-out of payments made during the year
- Writing reports/letters for school meetings or attending school meetings
- Picking up your child late after the session has ended. This is dangerous. Parents must be on time to pick up children. PDC does not have the resources to watch unaccompanied children in the waiting room.

_____ **Parent Conferencing:** PDC invites all parents to join treatment sessions. Families who choose not to join the entire session, but wish to speak to the therapist about treatment, are invited to enter the treatment room 5 minutes before the conclusion of the session. PDC asks that parents be cognizant that therapists may have a patient coming in after your

child. If parents have concerns that require more time to address, PDC invites families to connect with their therapist at the beginning of the next session or via email. Therapists are not permitted to speak to parents about children in the waiting room, hallway, or other public areas.

_____ Sharing Information with Caregivers: Sometimes children are accompanied to sessions by someone other than a parent. If the parent wishes for the therapist to share information about the session with the caregiver, PDC will need written authorization prior to the session to include the caregiver's name, parent intent, and parent signature.

_____ Use of the Gym and the Kitchen: The gym and the kitchen are treatment rooms. These spaces are to be used by patients only when accompanied by a therapist for therapeutic purposes.

_____ Waiting Room: PDC invites family members to use the waiting room. Please enjoy the magazines, toys, and books. Many friendships have been developed in the waiting room as it is a wonderful place to connect with other families. Eating, drinking, and cell phone use in the waiting room is prohibited.

_____ Videotaping and Photographs: PDC prohibits recording or photographing treatment sessions. Cell phones belonging to family members and/or patients should be turned off and put away in treatment rooms.

_____ Inclement Weather: PDC **DOES NOT** follow county school closings or federal government closings. Please assume PDC is open. Morning appointments: Your therapist will contact you via email the morning of your appointment by 7 a.m. to cancel if inclement weather prevents traveling. Afternoon appointments: Your therapist will contact you by noon if inclement weather prevents traveling. We **DO NOT** accept day before cancellations due to inclement weather. If you need to contact your therapist about snow days, please do so by **EMAIL ONLY**.

PERMISSION TO SHARE

Email is commonly used for scheduling/rescheduling appointments, office notifications, and quick questions between patient and therapist. For convenience, families often ask PDC to email reports, letters for funding, and other medical documentation regarding treatment. If you would like to be able to receive reports via email, please initial this option below. This permission is solely for reports and messages containing medical information.

_____ EMAILING REPORTS: I, _____, give PDC permission to email reports and medical documentation to me at these email addresses:

Email: _____ Email: _____

_____ **DO NOT** email reports and other medical documentation to me; I prefer to receive them in the mail.

Families often request that PDC therapists connect with the other medical and educational professionals on the treatment team. By signing below, you will give PDC permission to connect with medical and school providers when they show us a signed notice from you.

_____ COLLABORATION WITH OTHER TEAM MEMBERS OUTSIDE PDC: I, _____, give PDC permission to collaborate with medical and educational professionals on my child's treatment team.

I have read, understand, and agree to the above policies.

Child's Name _____

Patient/Parent Signature _____ **Date** _____

Print name: _____