



POLICIES AND PROCEDURES

MADISON SPEECH

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**MADISON | ATHENS
SPEECH | SPEECH**
PEDIATRIC SPEECH THERAPY

Welcome to **Madison Speech | Athens Speech!** We have two convenient locations in Madison & Athens, Alabama and happily serve families in the surrounding communities as well. Our goal is to provide individualized quality speech and language services to children under the age of 18 in a one-on-one therapy setting. Our mission is not only to evaluate and treat communication disorders, but also to educate and equip families and caregivers to be active participants in the intervention process. Our Speech-Language Pathologists are licensed and trained to provide exceptional services to the families we have the honor to serve.

We hope your experience with our clinics is one that you are happy to share with others. If you would like to share your experience, we would be very appreciative if you would leave a review on our Facebook Page (Madison Speech – Athens Speech) and Google.

OFFICE HOURS: All evaluations and therapy services are **by appointment only**. We are open Monday through Thursday from **8:00 AM to 5:00 PM** (closed for lunch between 11:30 AM-1:00 PM). We are closed on Fridays.

POLICIES AND PROCEDURES

ARRIVING/DEPARTING: Parents arriving with children should escort them to and from the vehicle, as well as, supervise them while in the waiting room. Upon arrival, please sign-in at the reception window and wait until your child is called back for therapy.

***Note:** Please **DO NOT** leave the premises during your child's therapy session in case of emergency, sickness, etc.

EVALUATIONS: We require a referral from your child's pediatrician before an evaluation can be scheduled. If your child is being seen for an evaluation, the length of this initial appointment can vary depending on the age of the patient, the assessments that need to be completed based on current concerns, and how quickly the patient progresses through testing. We allow 1.75 hours for this initial appointment. Following completion of testing, the remaining time of the appointment is available for a conference with the family to discuss initial findings and therapy plans moving forward. If therapy is recommended, we will get your therapy availability at the evaluation. A detailed evaluation report will be provided to the family following completion of testing approximately 1-2 weeks after your appointment via mail. Our office will then call you when we have an appointment available for your child to begin speech therapy.

THERAPY APPOINTMENTS: While our primary goal is to improve your child's speech and language skills, it is equally as important for us to have the opportunity to build rapport and establish a meaningful relationship with your child along the way! We find that this is best accomplished by creating a familiar routine for your child by scheduling them with the same therapist, at the same time, and on the same day each week. While therapy intensity and frequency is individualized to each child's specific needs, most children are seen 1-2 times a week for 30-minute sessions. While each child responds to therapy differently, some will need it longer than others. We complete re-assessments every 6-12 months to determine progress and the need for continued services.

If you need to discuss a topic that may require additional time, please call to schedule a time to further talk or contact your child's therapist via email. Each session will end no more than five minutes early to allow time

for the therapist to review with you what was targeted in the therapy session, discuss how the patient responded, and to answer any questions or address any concerns noted by the family.

TARDINESS: Your child's speech therapist will come get your child at the time of their appointment. If you are late for your scheduled appointment, your child will receive therapy for the remainder of the time of your appointment. In this case, you will still be charged for a full therapy session. If you will be late for your appointment, please call our office to let us know.

CHANGE OF INFORMATION: Please notify our office of any changes in your contact information or insurance at the time of sign-in.

OBSERVING THERAPY SESSIONS: We strongly encourage family participation as we are all working together as a team! Family involvement may include: in-session participation, out of room observation (*each therapy room is equipped with an observation window that we encourage you to use*), and completion of home activities for carryover.

Observation within the treatment room is allowed at any time; however, a visitor's presence may be distracting to the patient, which adversely affects patient performance. In cases of difficulty with parent-child separation, please consider the professional judgment of your child's therapist in attempting to foster social independence.

CANCELLATIONS: Please notify us if you are unable to keep your appointment for any reason. We ask that you give our office at least a **24-hour** notice with the exception of cancelling due to sickness (as we understand this can come on quickly). If you call after-hours or on a weekend, please leave a message and we will return your call as soon as we are back in the office. If you do not leave a message, we do not know that you have called.

NO-SHOWS/POOR ATTENDANCE: If there have been two "**no shows**" (missed sessions with no cancellation call/email before the appointment) your child will be dropped from the therapy schedule. Additionally, if a pattern of cancellations occur in which the child **misses more than 50%** of their appointments in a month, you will be notified that their appointments have been dropped. If that occurs, we are happy to offer you appointments on a week-by-week basis as they become available.

As our therapists are respectful of your time, we ask that you be respectful of theirs as well. We do our best to accommodate full schedules and actively work to get each new patient scheduled as quickly as possible. If for any reason you would like to be taken off the schedule, please let us know so we can offer this appointment day/time to someone else.

If for any reason our office has to cancel your appointment, we will contact you as soon as possible. It is important that we have your updated phone number/email address in the event that we need to contact you ASAP.

ILLNESS/SICKNESS: Your child must be **fever free** for at least 24 hours (without fever-reducing medicine) to attend their therapy appointment. If your child appears sick or indicates that they are not feeling well, the session will be canceled at the discretion of the therapist/staff. If during a session the patient appears to be sick, the session will immediately end to allow time for disinfection of therapy materials and the waiting room. This will also result in the family being charged for the entirety of the session that was scheduled.

Please remain home if you or your child exhibits any signs of illness. If in doubt, please call and talk with our office staff to determine if you need to cancel your appointment. If your child did not attend school due to sickness, they should not come for therapy. We want to provide a clean and safe facility for your therapy needs. Please understand that this is for the protection of all who visit and work at our clinic.

REFUSAL OF SERVICE: We reserve the right to refuse treatment services to anyone at our sole discretion for reasons of behavior, lack of compliance with clinic policies, or any other issues that we feel might affect the safety and/or well-being of our staff and/or patients/families.

BILLING & INSURANCE: Co-payments are due at the **time of service**. We are **in-network** providers with *Blue Cross Blue Shield (BCBS), Tricare, United Healthcare (UHC), Alabama Medicaid*, and we also accept private pay. If our office is not an in-network provider for your insurance, we can provide you with a superbill (paid invoice), if requested, which you may submit to your insurance independently for reimbursement.

For in-network clients, our office files claims and offers claim management services as a courtesy. Policyholders remain responsible for notifying the clinic of changes in insurance policies or plans prior to the effective date of change. It remains the policyholder's obligation to monitor deductibles, policy changes, and claims for accuracy. **You are responsible for what insurance does not pay.** It is the family's responsibility to appeal to the insurance company if they reject the claim for any reason. We will be happy to provide any information/paperwork that they may request to assist you in this area.

PAYMENTS: Cash, Check (*Returned check fee of \$25*), Debit cards, Credit cards, and Apply Pay. Payments can be made in-person, over the phone, or mailed to our clinic.

LATE PAYMENTS:

31 – 60 days past due	\$25 late fee
61 – 90 days past due	\$25 late fee AND cancelled therapy sessions until payments are made. There is no guarantee that your child's therapy spot will be held until payment is made.

***Note:** Past due accounts may be subject to a collections process. The guarantor of the account remains liable for any and all collection costs including reasonable attorney's fees, court costs, and other related expenses necessary to collect and settle past due accounts.

CLOSINGS:

HOLIDAYS - We are CLOSED the following holidays that fall Monday through Thursday:

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| <i>New Year's Day</i> | <i>Dr. Martin Luther King Jr. Day</i> | <i>President's Day</i> |
| <i>Memorial Day</i> | <i>Independence Day</i> | <i>Labor Day</i> |
| <i>Veterans Day</i> | <i>Thanksgiving</i> | <i>Christmas</i> |

WEATHER - In the event of inclement weather we typically follow the decisions made by Madison City Schools; however, we may adjust our hours as we see fit. For clinic updates on closings or changes in office hours, we will provide updates through our social media accounts (Facebook & Instagram), we will send out emails, and we will call each appointment affected by an unanticipated closure/delay. In the case of unexpected closings, appointments can be rescheduled if a therapist's schedule permits and will be first come, first serve.

SMOKING AND USE OF TOBACCO: In order to maintain a safe and comfortable working environment, smoking and all forms of tobacco products are prohibited within the office, as well as, on the outside sidewalk of our clinic and the adjacent businesses. Please be mindful and respectful of others.

CHILD ABUSE: If abuse is suspected we are required by law to report it to the Department of Human Resources of Alabama.

By signing below I am acknowledging that I have read and agree to the guidelines noted above.

Patient Name: _____ Date of Birth: ____ / ____ / _____

Parent Signature: _____ Date: ____ / ____ / _____