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Financial Policy

Thank you for choosing us as your specialty care provider. We are dedicated to providing the best possible evaluation and treatment for your child and regard your complete understanding of our financial policies as an essential element of your child's therapy. In order to reduce confusion and misunderstanding between our client's families and the practice, we have adopted the following financial policy:

Insurance

- We accept assignment of insurance benefits once you schedule your first visit and we verify your benefit information prior to the visit. We require copayments, co-insurance deductibles and non-covered charges to be paid at the time of service. You can do this as you check in. Please be aware that some, and perhaps all, of the services provided may not be covered under your particular benefit plan. Any verbal verification of benefits or coverage is never a guarantee of payment. Therefore, we request that you get benefit information in writing from your insurance carrier in addition to us verifying your benefit information. **If your insurance company has not paid the services in full within 45 days, the balance will automatically be billed to your account. Balances in excess of 45 days must be paid before additional services are rendered.**

Managed Care Insurance Plans

- Managed care plans are complex and most always require pre-authorization for services. It is imperative that you and our administrative office communicate prior to scheduling appointments as we will need to get a doctors order and complete additional paperwork to aide in having your therapy visit covered.
- In the event that your insurance carrier determines a service to be "non-covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
 - THIS DOES NOT INCLUDE MEDICAID RECIPIENTS. MEDICAID RECIPIENTS ARE REQUIRED TO MAINTAIN ACTIVE MEDICAID STATUS, BUT CAN NOT BE BALANCE BILLED FOR UNPAID CLAIMS.

Initial _____

Medicaid

- We will accept SC and NC Medicaid for OT, PT and ST services upon approval from the Center for Medical Excellence.
- Private insurance must be billed prior to accessing Medicaid funds. A current Medicaid card must be shared and kept on file at the clinic at the first visit and on the first day of each month in order for the service to be billed to Medicaid.
- Unauthorized services or services not billable to Medicaid must be paid in full at the time of service this includes no show or late cancellation fees.

Private Pay Clients

- Families who are private pay clients due to no insurance coverage or large deductibles will be required to pay for the evaluation and/or the initial therapy session in full at the time services are rendered. There after, you will receive a monthly bill for additional services which is due upon receipt, unless other arrangements have been made with our billing office.
- Financial agreements or payment plans can be arranged if the need arises, but if the terms are not met as agreed, the account will be deemed delinquent and collection action will be taken.

All Patients

- Cancelled/Missed Appointments: Due to the demand for OT, PT and ST, appointments cancelled with less than 24-hours notice and not rescheduled will result in a cancellation fee of \$55. Repeated cancellations may result in either forfeiture of permanent appointment or termination of service. Failure to contact the office prior to the appointment time will be a no show and a full fee-for-service may be charged. Cancellation fees are not reimbursed by insurance companies or Medicaid and will be billed to the responsible party.

If a parent or guardian cancels 50% of the sessions for two consecutive months or has 3 no shows, Crossway Pediatric Therapy reserves the right to discontinue services with the family allowing them to find another direct service provider for therapy services.

- A valid insurance card must be shown at each visit in order for the service to be billed to your plan.
- Notification of any changes regarding your child's insurance coverage, Medicaid or other funds that affect reimbursement should be communicated to Crossway Pediatric Therapy within 24 hours of the change otherwise, you may incur fees for service that are not covered because insurance verification and prior approval was not received.
- Returned Checks: A \$35 fee will apply to all checks returned to our office as "unpaid". Payment for future services may be required by cash or credit card.

Initial _____

- Medical Records: A fee of \$10 will be charged for providing copies of medical records.
- Cancellation of Therapy visits: Clients wishing to be discharged due to a move or other circumstance are recommended to give a two week notice so that proper procedure for discharge such as re-assessments can be done for your child

I have read and fully understand the policies of this office regarding payments and insurance, as well as the cancellation/no show policies.

I agree to pay for services not covered by my insurance plan. I understand that I am responsible for following my insurance plan's regulations, policies and procedures.

Patient Name

Responsible Party Printed Name

Responsible Party Signature

Responsible Party Relationship to Patient

Date