7620 Metcalf Avenue, Suite M • Overland Park, KS 66204-2996 • Phone: (913) 383-9014 • Fax: (913) 383-9015 ctg@childrenstherapygroup.org • www.childrenstherapygroup.org

CHILDREN'S THERAPY GROUP (CTG) POLICIES AND PROCEDURES

We know that therapy is an expensive and time-consuming undertaking on your part. We want to make the financial strain as easy as possible. We do this in two ways: by keeping our fees low (generally $\frac{1}{2}$ to $\frac{1}{3}$ of the cost at other centers) and by offering several methods of payment. Listed below are payment options.

MONTHLY PAYMENT IN FULL:

We will bill you monthly. Payment is due by the 15th of the month however weekly payment is appreciated. If you need to set up a payment plan, please see Cherie in our office. All payments will need to be made by check, money order, cashier's check, or exact cash. All returned checks are subject to a return check fee. We do <u>not</u> take credit/debit/medical savings cards.

CTG reserves the right to terminate service to any child for nonpayment of fees.

HEALTH INSURANCE:

We will file an insurance claim as a courtesy to you, the family. Insurance is a contract between you and your insurance company. We suggest that you call your insurance company before services begin to see if therapy services are a covered benefit. Each policy is different and each insurance company has its own requirements. It is your responsibility to be aware of and follow your insurance restrictions and guidelines. If your insurance requires pre-certification/pre-authorization or a referral, you are responsible for obtaining that pre-certification/pre-authorization or referral. Although CTG will attempt to assist you when possible, we cannot guarantee the accuracy of the insurance information. We will file an insurance claim for therapy services rendered each month, at your request, at the same time as our monthly billing. We are an out of network provider for all insurance companies. Blue Cross Blue Shield pays you directly. Therefore, you are responsible for paying your monthly bill in full.

You, the family, are still responsible for full payment of the account. Each family should pay their portion of the bill each month by the 15th of the month.

SCHOLARSHIP:

Children's Therapy Group Foundation has limited funds available to assist families with the cost of therapy at Children's Therapy Group. To apply for assistance ask your therapist or the Office Manager for a scholarship application. When the completed form is returned, the Board of Directors will make their determination. You will then be notified of the Boards decision.

ATTENDANCE/NO SHOW APPOINTMENTS:

Children will attend at their scheduled appointment time. When a client fails to keep an appointment, that time cannot be utilized by other clients. Therefore, we reserve the right to charge a \$60.00 no show fee. This amount is not reimbursed by insurance plans and is your financial responsibility. If you are unable to come for your regular appointment, please call our office, leave a message, or email us at ctg@childrenstherapygroup.org. To avoid charges, cancellations should be made as soon as possible before the scheduled appointment and when possible 24 hours in advance. If a child's attendance is irregular enough that therapy is not of benefit, the therapist may ask for a conference with the parent and discuss the feasibility of continuing services.

Page 2

CHILDREN'S THERAPY GROUP (CTG) POLICIES AND PROCEDURES

ATTENDANCE/NO SHOW APPOINTMENTS CONTINUED:

Should it be necessary for a therapist to cancel an appointment, she will attempt to reschedule the session or another therapist of equal qualifications may substitute. Please meet your therapist in the waiting room.

Parents are always welcome. Brothers and sisters are sometimes allowed to watch but they <u>must be able to</u> <u>sit quietly in a chair for the entire session</u>. The therapist may ask any observers to leave if their presence is disruptive.

HEALTH POLICY:

Children and/or their families may not attend CTG Therapy or Programs with any of the following symptoms:

- Temperature above 99.6 (temperature must be 98.6 for 24 hours to return to therapy)
- Vomiting or diarrhea
- Undiagnosed rash or skin lesion
- Red or discharging eyes
- Persistent cough or sore throat
- In the event of communicable diseases, notify CTG immediately

CALENDAR:

We are closed on most legal holidays. Notices will be posted at our office regarding closings. Keep updated on our Facebook page. We follow the Shawnee Mission School District snow day closings.

NONDISCRIMINATION POLICY STATEMENT

Services and employment at Children's Therapy Group are available to all without consideration of race, color, national origin, age, sex, disability, religious or political beliefs.

If you feel that you have been denied a benefit or service because of your race, color, national origin, age, sex, disability, religious or political beliefs, you may file a verbal or written Complaint of Discrimination with the Administrator of this facility. A response will be issued within 30 days.

Your complaint must include, your name, address, telephone number and a brief description of what occurred which led you to believe you were discriminated against. If you need assistance, the Program or Facility Manager will be available to assist you.

You may also file a complaint in writing or by calling the numbers below with one or both of the following agencies:

Department of Social Services

Department of Health & Human Services

Office for Civil Rights

Office for Civil Rights

P.O. Box 1527

601 East 12th Street

Jefferson City, MO 65102

Kansas City, MO 64106

(314) 751-9092

(816) 426-7277

1-800-776-8014

1-800-877-6916 (TDD)

You will not be intimidated, harassed, threatened or suffer any penalty because you file a complaint. Any penalty or reprisal against you or any other involved person is prohibited by law.