

ASSOCIATED SPEECH AND LANGUAGE SPECIALISTS, LLC
POLICIES



Plymouth: 763-551-3652
plymouth@associatedspeech.com

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shoreview@associatedspeech.com

Maplewood: 651-773-3208
maplewood@associatedspeech.com

St. Paul: 651-225-4558
stpaul@associatedspeech.com

Appointments:

Appointment times are held consistent from week to week. Clients are typically seen twice per week. Treatment sessions start every half hour. If you leave the building, you must be back at the clinic no later than 5 minutes prior to the end of appointment.

Late Arrival:

Please call to let us know if you will be late to an appointment.

Late Pick-Up:

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

Attendance:

Attendance is critical to a client's rate of progress. If an appointment must be cancelled, please attempt to reschedule. Because we use a collaborative, team-based method of practice, any therapist can see the client if they have availability.

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 Associated Speech and Language, we will do so at the earliest possible time and will attempt to reschedule. Please inform us immediately if your contact information changes.

Cancellations/Reschedules:

Please look ahead on your schedule and let us know about upcoming scheduling conflicts. You may contact us by phone or by email listed above to cancel/reschedule an appointment. We have 24 hour voicemail when we are unavailable. **A "no show" appointment fee of \$50.00 will be billed to the client for missed appointments or cancellations made less than 24 hours in advance and unrelated to illness, emergency, or inclement weather.** Cancellation fees cannot be billed to insurance or MA; client's 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:

On the rare occasion we must close the clinic due to inclement weather, we will announce the closure on our Facebook page and on our voicemail message. If weather is severe, please call our office first.

Illness:

The client should be fever-free and free from vomiting or diarrhea for 24 hours before returning to therapy after an illness. In case of exposure to communicable disease, 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:

Doctor's Orders are sometimes necessary for evaluation and treatment. Some insurance plans require a referral; if your plan requires a referral, you must contact your primary clinic to arrange for a referral. Please let us know right away if there is a change in the client's primary care physician.

Insurance:

We are a participating provider for many health insurance programs. We will assist with obtaining a Prior Authorization if it is required by your insurance plan. For your convenience, we will submit billing to your insurance company. Please inform us immediately if you change insurance providers, including any temporary defaults from PMAP to straight MA. **If you fail to notify ASLS of insurance changes, you will be responsible for any portion of your bill that insurance does not cover.**

Payment for Services:

Copayments, Coinsurance, Deductible, and PATOS are the responsibility of the client.

Co-pays and PATOS are due at the time of service. If a payment is not received for your coinsurance or deductible you will be sent a statement. You may not receive a statement in the first cycle following start of treatment, as there can be a delay in invoicing due to claim processing time.

We will require your credit card on file. Any balances over 30 days past due will be assessed an interest fee of 8%, and we will automatically run your credit card for the balance owed. To avoid this, please pay your statement balance in full each month.

Please see our Payment Policy for more information.

Client Confidentiality:

We will be glad to correspond with other persons regarding the client's therapy evaluation and progress at your request, after obtaining a signed "Authorization of Release of Information" form from you (parent/client). We are unable to release information to any person unless we have a signed release form giving us written permission. This form can be updated in writing at any time and cannot be retroactively revoked.

Parent Collaboration:

Expect to set aside time to work with your child between therapy sessions. This is very critical for your child's ongoing progress and lets them know you are committed to their success. Your therapist will regularly suggest these activities for practice at home. As therapy progresses, parent will accumulate a collection of strategies to use as needed.

Re-Evaluations:

Re-Evaluations are completed 12 months after the start of treatment, unless insurance requirements dictate otherwise. A copy of each Re-Evaluation report is available at your request, is automatically sent to the client's physician for approval, and can be sent to additional persons at your written request.

Thank you for choosing Associated Speech and Language Specialists, LLC