

Pediatric Therapy Network, LLC

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Pediatric Therapy for Children

Policy and Procedure Manual

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It is important that all patients read and understand this manual.

Welcome to Pediatric Therapy Network.

We provide a variety of therapeutic procedures designed to assist in deficits related to (but not limited to) hand skills, motor coordination, self care and instrumental activities of daily living, sensory processing, feeding aversion, handwriting, and motor timing/control. Our primary focus is to promote independence for children in a fun and comfortable setting.

Office hours: Hours vary depending upon summer or school year. Please check with the office to verify hours of operation.

Holidays: The office is closed in observance of some holidays. All closings will be posted in advance.

In case of inclement weather, a recorded message will be posted on our answering service informing clients "if" we will close. We will attempt to reschedule all appointments.

Arriving/Departing: When arriving or departing, please escort children to and from your vehicle as well as supervise your children in the waiting area. Upon arrival, please sign in and wait until your child is called back for therapy. Parents are always welcome to observe during therapy, unless it impedes the outcome of therapy. Siblings are NOT allowed in treatment rooms and must be supervised in waiting area. If you need to leave, please return at least fifteen minutes prior to the session ending. You are responsible for your child when he/she is not in session. We ask that parents come inside to pick up your child. We will not escort a child outside to the vehicles. Your child's safety is very important to us!

Changes in Information: To keep our records and billing up to date, please inform the receptionist of any changes.

Child Abuse: If there is any abuse or neglect suspected, we are required by the law to report it to the Department of Human Resources.

Discipline: Our staff uses redirection as the primary form of discipline. If your child's behavior becomes unmanageable, we will ask for your assistance. If a parent or guardian is not on the premises, the therapist will remove the child from the situation to prevent harm to others and/or self. If necessary, bear hugs or deep pressure activities will be used to

help calm the child. No restraints (e.g. belts, straps) are used on the premises. However, if a client uses a helmet and/or splinting devices to prevent injury, those are permitted.

A parent or guardian must stay on premises during therapy for any child with a history of aggressive behaviors to others and/or self. If a client's behavior is deemed unmanageable or a threat to others and/or self during therapy, the session will be discontinued and future

sessions will be authorized only after consultation with the parent/guardian. _____(Initials)

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Allergies: Please inform the therapist and office of any allergies (environmental, drug or food). We use a variety of food for therapy and it is vital that we have accurate records of any known allergens.

Privacy: All information regarding each child and family will be kept confidential. Any release of information must be accompanied with written permission by each client's parent and/or legal guardian. Pediatric Therapy Network, LLC follows all privacy policies in accordance with local and federal regulations.

Appointments: Most children have regular appointment times. Please arrive only ten minutes early to reduce overcrowding in the waiting area. If you are going to be greater than 15 minutes late, please call and inform the office.

Clothing for Appointments: We use a variety of sensory modalities and suggest that your child come in appropriate attire. Females should wear shorts or pants under any dress or jumper. Clothes that can get "messy" are recommended.

Cancellations: Please notify us if you are not able to keep your appointment. It is the policy of Pediatric Therapy Network, LLC to require clients to cancel via phone within 24 hours of your child's appointment time. If sick, you may call the day of the appointment, but must call as soon as possible.

Three or more consecutive cancellations without medical/excusable reasons will result in loss of your child's regular appointment time. Also, cancellations greater than 30% of the treatments in a 10 week period will also lose their standing appointment. Weekly scheduling will be required after that time.

Illness: Any child showing signs or symptoms of illness will not be seen for therapy. Your child must be fever free for 24 hours prior to their appointment without aid from medication. If any child shows these symptoms during therapy, they will be sent home immediately to allow for disinfection.

The signs and symptoms include: *sore throat *fever (100 degrees or higher) *diarrhea/vomiting *coughing *runny nose (except for allergies) *red/watery eyes with discharge *general malaise *skin rashes *any other communicable diseases

Home Programs: All children will be given home exercises and/or activities to complete at home. These programs will vary in amount and rate depending on the specific treatment needs of the child. Most children progress at an increased rate when these programs are completed at home.

Staff: The educational and professional qualifications of all staff far exceed the necessary skills to practice. All have pediatric experience and all continue to learn and improve their skills necessary to provide the best service available. Each child will have a primary therapist, but may also be served by another therapist due to illness, vacations, or other conflicts. We believe strongly that it is important for your child to understand and learn to tolerate variations in life and that a change in therapist allows for greater objectivity. All staff are trained to help a child accept change in routine.

_____(Initials)

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Photos: You will be asked to provide permission or to refuse photos to be taken of your child. Photos are often used for resource fairs, brochures, or the web page. These photos will not be used without your permission. Videos during treatment may be taken to share only with parents to use as a teaching tool. In addition, we may at times, request videos from home to show meal times, behavior concerns, etc. These videos will be kept confidential as part of the treatment folder.

Caregiver/Therapist Consultation: We allow time for the therapist to review treatment progress and home programs during the last 10 minutes of each treatment session. If the therapist has information they believe is "sensitive" she will ask the parent to come back to the treatment room.

Discharge from services: We enjoy and love working with all children and discharge from therapy brings joy and sadness. Our goal is to assist children with independent skills needed for life. Our services are based on medical necessity and must be accompanied by a physician's referral. Services are most typically discontinued for the following reasons:

1. Expiration of physician referral without renewal,
2. The child has met treatment goals,
3. The child has not met treatment goals, but progress is no longer measurable and skilled services are no longer showing documented change in performance,
4. The child's family request dismissal,
5. Relocation of family.

Our goal is to make discharge from therapy a positive experience for all children. As needed, we will provide assistance regarding additional community resources that may be helpful upon discharge.

GENERAL BILLING POLICY

Pediatric Therapy Network, LLC requires co-payment of all accounts at the time services are rendered unless arrangements have previously been made with the owner.

Insurance: Our office is "in-network" for the following insurance companies: Blue Cross/Blue Shield of NC, Tricare, Cigna, United Health, Med-Cost, Health Choice and Medicaid.

This practice will bill predetermined insurance benefits and will allow a maximum of 45 days from billing submission for insurance to cover expenses. Should payment not be received, the client or responsible party will be billed for the total charge, and payment is expected upon receipt of the bill. _____(Initials)

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Clients are responsible for what insurance does not pay .

Billing Policy for Clients Without Insurance or With Partial Insurance Coverage:
Payment is expected at the time service is rendered.

Amount of Charges: The total charges for services rendered and any insurance benefits are based on customary or reasonable rates for the same or similar procedural code.

Payment Methods: Cash, check, and most major credit cards

Returned Checks: A \$40.00 charge will be rendered for all returned checks.

Interest Fee: A 2% interest charge will be added to the amount due each 30 days after 60 days of the initial bill date.

Responsible Parties : If more than one individual signs the agreement, their liability shall be joint and several. If an undersigned fails to make payment due hereunder, said account shall become delinquent and will be turned over to a collection agency or an attorney for collection. The undersigned hereby acknowledges and agrees that they shall pay all legal and associated collection fees. The undersigned hereby waive(s) all rights to notice presentment or demand by Pediatric Therapy Network, LLC.

Any changes to these policies will be posted in written form or provided directly to the parent.

Please sign both signature lines. One will be for your records and one will be kept on file with Pediatric Therapy Network, LLC.

I have read and understand the above stated policies and procedures of Pediatric Therapy Network, LLC.

Signature _____ Date _____

Signature _____ Date _____