



NEW CLIENT REGISTRATION FORM 2 of 4 - POLICIES AND FINANCIAL AGREEMENT

PLEASE INITIAL ALL BULLET POINTS BELOW INDICATING THAT YOU HAVE READ, UNDERSTOOD AND AGREED TO ALL POLICIES APPLIED AT HANH PHAN SPEECH & OCCUPATIONAL THERAPY, INC.

PAYMENT: Payment is due in full at the time that services are rendered. All Evaluation/Assessment fees are to be paid in full prior to the administering any diagnostic measure. All checks should be paid to the order of Hanh Phan Speech & Occupational Therapy Inc. Any check returned on an account will be charged a \$50 fee.

COMMERCIAL INSURANCE- Clients are responsible for any and all charges incurred resulting from treatment provided by Hanh Phan Speech & Occupational Therapy Inc. Prior to your first appointment, please contact your insurance carrier and verify your coverage for outpatient speech therapy and/or occupational therapy services. As a courtesy to you, Hanh Phan Speech & Occupational Therapy Inc. may assist you in calling your insurance carrier to identify your current benefit coverage. However, insurance verification is NOT a guarantee of payment by your insurance carrier. The actual payment of your claim may take 4-6 weeks or longer, but most insurance carriers pay in 2-4 weeks. Your insurance company may also require a current prescription, diagnosis, "Letter of Medical Necessity", pre-authorization or physical notes for speech therapy and/or occupational therapy services, which come directly from your primary care physician. If your primary physician gives you a referral, RX or written diagnosis, please let us know IMMEDIATELY. Non-compliance by the primary care physician or yourself may result in services not being reimbursed by your insurance company.

CANCELLATION OF SERVICE POLICY: As part of your financial responsibility, we are advising you that Hanh Phan Speech & Occupational Therapy Inc. reserves the right to charge a full fee for any appointment that is cancelled the day before or on the same day of the appointment, unless it is an emergency. Unforeseen circumstances are anticipated and will be dealt with on a case-by-case basis. Hanh Phan Speech & Occupational Therapy Inc. has a 3-strike rule. If you are absent 3 times, Hanh Phan Speech & Occupational Therapy Inc. retains the right to discontinue elective treatment and to terminate services immediately. Further more, if you plan to dismiss your child from therapy, a 2-week notification is **REQUIRED** unless otherwise agreed upon. Consequently, if you choose to discontinue treatment you are still responsible for paying for all services that were provided prior to your decision to discontinue.

By signing this form, you are agreeing to the followings:

- I consent to all necessary examination procedure and/or treatment for my child by Hanh Phan Speech & Occupational Therapy Inc.
- I understand that payment is due in full at the time that service is rendered. All Evaluation/Assessment fee is to be paid in full prior to administering of any diagnostic measure. All checks should be paid to the order of Hanh Phan Speech & Occupational Therapy Inc. I understand that any check returned on an account will be charged a \$50 fee.
- I understand that Hanh Phan Speech & Occupational Therapy Inc. reserves the right to charge a full fee for any appointment that is cancelled the day before or on the same day of the



appointment, unless it is an emergency. Unforeseen circumstances are anticipated and will be dealt with on a case-by-case basis.

- _____ I accept responsibilities for any and all charges incurred resulting from treatment provided by Hanh Phan Speech & Occupational Therapy Inc. I understand that as a courtesy, Hanh Phan Speech & Occupational Therapy Inc. may assist in contacting my insurance carrier to identify my current benefit coverage. I understand that insurance verification is NOT a guarantee of payment by my insurance carrier. I will be responsible for all charges accrued. I also will be responsible for all charges if my insurance denies services.
- _____ I understand and authorize insurance payments to be made directly to Hanh Phan Speech & Occupational Therapy Inc., for service rendered. However, if my insurance company sends payment for services directly to me, I will send payment of that amount to Hanh Phan Speech & Occupational Therapy Inc. with a copy of my Explanation Of Benefits (EOB). I also agree to authorize Hanh Phan Speech & Occupational Therapy Inc. to receive or release any medical information to my insurance company, physicians, or any other parties that may be involved in the child(s) care. I will notify Hanh Phan Speech & Occupational Therapy Inc. of any changes in my payment sources in order to ensure proper billing.
- _____ I understand that Hanh Phan Speech & Occupational Therapy Inc. has a 3-strike rule. If you are absent 3 times, Hanh Phan Speech & Occupational Therapy Inc. retains the right to discontinue elective treatment and to terminate services immediately. Further more, if you plan to dismiss your child from therapy, a 2-week notification is REQUIRED unless otherwise agreed upon. Consequently, if you choose to discontinue treatment you are still responsible for paying for all services that were provided prior to your decision to discontinue.
- _____ I understand that unresolved financial disputes for non-payment of fees for services rendered could result in the discontinuation of services, referral to another provider as necessary, and assignment of collection responsibility for this account to a professional Collection Agency. Furthermore, I agree that if it should become necessary for Hanh Phan Speech & Occupational Therapy Inc. to forward your account to a collection agency, you will be responsible for the fee charged by the collection agency for the cost of collection.

I, parent/legal guardian of my child _____, have been made aware of the billing policies and procedures for Hanh Phan Speech & Occupational Therapy Inc. and agree to them effective immediately.

Parent/Legal Guardian's Signature

Date

Hanh Phan Speech & Occupational Therapy Inc. reserves the right to make changes to the above policies and procedures at any time.



HANH PHAN SPEECH & OCCUPATIONAL THERAPY INC.

5116 Camino Verde Drive, Suite 11, San Jose, CA 95119 (408) 332-0259

hanhphanstotclinic@gmail.com www.mshanhs.com
