



Policy Handbook

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Please keep a copy of this handbook for your reference.

I. Introduction

Welcome to Therapy Junction. Therapy Junction is a sensory-based outpatient pediatric therapy clinic designed to meet the needs of children with all types of abilities by providing quality services. Therapy services are provided by licensed and registered occupational therapists and speech therapists. The name Therapy Junction stands for a place where connections are made as well as a place where land and water meet. Families are given an incredible amount of resources and deal with an enormous amount of stress when trying to determine the best course of treatment for their child is. Therapy Junction serves as a place where the pieces can come together as both family and therapist have a genuine concern for the optimal health, wellness, and function of the child. We are proud you have selected us to service your child and family.

II. Insurance Policy

Please bring a copy of your health insurance card or present your card to the front desk for intake and billing. You are responsible for any charges not covered by your insurance plan such as deductibles, copayments, treatment procedures not a part of your health plan, out of network charges, or any services denied by Medical assistance, Tefra, or Waivered service agreements.

Changes in health insurance and billing address

You are required to inform us if you have a change in any of the following:

- Health insurance policy (carrier or policy number)
- Home address or phone number.

Failure to inform us of these changes may result in you being solely responsible for any incurred charges not paid for by your insurance.

III. Payment Policy

Copayments

Please check in at the front desk each visit and pay your co-payments at that time. Payment in full is due upon receipt of your monthly statement. If you fail to pay your copayment at the time of service it will be added to your monthly statement. If you have questions about your bill, please call 651-468-0022 and ask to speak to our billing company specialist at Great Lakes Medical Billing.

Monthly Statements

You will receive a monthly statement from our billing service. You are responsible for all services rendered that are not paid for in full by your insurance company. If your insurance company fails to pay in full the balance will become your responsibility. This includes deductibles, copayments, procedures not covered by health plan, and denials from MA, TEFRA, or Waivered service agreements. You must pay your bill within 10 days of receiving your statement or a \$10.00 late fee will be applied to your next statement. If you have any questions regarding your monthly statement or bill please call Great Lake Medical Billing at 651-468-0022 to speak with a billing specialist.

Private Pay

You may pay for your therapy services privately. The payment is due in full prior to each therapy session.

IV. Attendance Policy

Please call Therapy Junction staff to cancel or reschedule appointments. We recognize that people need to change their schedules unexpectedly due to illness or emergencies. In order to respect your therapists time and energy put forth to prepare for your child's therapy session it is best to give advanced notice. For expected absences please notify your therapist at least 48 hours in advance. Please note that it is our policy to discontinue services when a family has more than three no-call, no-shows within a treatment period (typically 60-90 days). Discharge will occur when a family routinely cancels scheduled appointments making it difficult to justify medical necessity or resulting in inappropriate extensions of an episode of care.

V. Sickness & Illness Policy

Please call Therapy Junction staff to cancel your child's appointment in the event of illness. Your child is not allowed to come to therapy within 48 hours of having a fever. Please use discretion if your child is coughing and or unable to cover their mouth or nose to prevent illnesses from spreading. If your child is on medication for a contagious illness such as strep throat or pink eye he/she must be on the medication for the specified time period per prescription orders or physician recommendations. If you bring siblings or other children to therapy appointments the same policy applies as we do not want to spread illnesses to others. It is up to Therapy Junction staff to cancel or reschedule a child's appointment in the event that they suspect a child is ill or sick.

VI. Pertinent Health Information and Confidentiality Policy

All data collected, created, maintained or disseminated by Therapy Junction will be governed by the Minnesota Government Data Practices Act and will be in compliance with Health Insurance and Portability and Accountability Act (HIPAA). Please refer to the Notice of Privacy Practices outlining Therapy Junction's policies on data privacy practices. We will have you annually update your registration forms, authorization to release medical information, and acknowledgement of our policies in this manual.