



MARIAN HOPE

CENTER FOR CHILDREN'S THERAPY

14820 E. 42nd Street, Independence, MO 64055 • p 816.695.1255 • f 816.478.7762 • www.marianhope.org

PRIOR TO YOUR CHILD ATTENDING THE MARIAN HOPE CENTER, ALL COMPLETED FORMS MUST BE RETURNED.

2016 SUMMER MARIAN HOPE CENTER ENROLLMENT FORM - NEW FAMILIES

Child's Name: _____ Birth date: _____

Class (day & time): _____

Date of Enrollment: _____ Enrollment Period: Fall/Spring Summer

Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Work Phone (Mother): _____ Work Phone (Father): _____

Cell Phone (Mother): _____ Cell Phone (Father): _____

Emergency Contact (other than parents):

(Name)	(Relationship)	(Phone)
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Others allowed to pick up your child: _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

Diagnosis: _____

Special Precautions/Allergies/Medicines: _____

Concerns to be addressed: _____

Child's Name: _____ Birth date: _____

Enrollment Fee for 2016 Summer Session (June 6 - August 12)

The enrollment fee covers cost of materials, snacks, supplies, etc. for the Marian Hope Center. It does not include the cost of therapy and cannot be billed to insurance companies, Medicaid, First Steps, or the KCRO Autism Project. It must be paid by the families. In order to reserve your child's place in one of our therapy classes, **please pay the enrollment fee no later than June 3, 2016.** If you have questions, please contact Heather Ruoff at 816-695-1255.

- 4-hour class enrollment fee = \$100
- 3-hour class enrollment fee = \$100
- 2.5-hour class enrollment fee = \$85
- 2-hour class enrollment fee = \$70
- 1.5-hour class enrollment fee = \$50
- 1-hour class enrollment fee = \$35

Please select how you would like to pay the enrollment fee:

- Cash Check Credit Card (circle one):

Visa Mastercard American Express Discover

 Card #: _____ Exp. Date: _____

Child's Name: _____ Birth date: _____

Therapy Costs for 2016 Summer Session (June 6 - August 12)

Thank you for choosing the Marian Hope Center as your therapy provider for your child. MHC offers integrated therapy to meet the needs of all children. We believe it is beneficial to children with special needs to socialize with peer models at an early age. Children attending our classes range from typical-developing to children with mild to severe disabilities. We are committed to providing quality services and implementing individually appropriate assessment and intervention plans. Please understand that payment of your bill is considered a part of your assessment and intervention.

If your child will be receiving therapy during a class (i.e., he or she is not enrolled as a peer model), please tell us your funding source for therapy. Please note that we accept straight Medicaid but are limited to the number of individual therapy openings during the class time. We are not a provider with any of the insurances that are associated with MC+ & cannot accept clients with this funding source. We are an in-network provider for Blue Cross Blue Shield (BCBS) and United Health Care (UHC). We will submit claims to BCBS or UHC for the individual therapy your child receives during classes. It is your responsibility to pay the member responsibility portion that BCBS/UHC does not cover under your plan (deductible, co-pay, co-insurance). If your insurance carrier is not BCBS or UHC, the MHC Business Manager will check on benefits and determine if it is feasible to bill your out-of-network insurance carrier.

First Steps - Service Coordinator: _____

KCRO/Autism Project - Service Coordinator: _____

Insurance (copy of card is required)

Is your child the primary Insurance Policy Holder? Yes No*

*If you answered No, please supply the following information regarding the policy holder (to be used for insurance claim forms)

Name: _____

Address (if different from child): _____

Phone Number (if different from child): _____

Date of Birth: _____

Employer: _____

Medicaid (copy of card and a doctor's script is required)

Private Pay

Peer Model (my child will not receive direct therapy services during class)

Marian Hope Center's Billing/Insurance/Rate Schedule Policy

Thank you for choosing Marian Hope Center as the therapy provider for your child. We are committed to providing quality services and implementing individually appropriate assessment and intervention plans. Please understand that payment for the services provided is an integral part of the process and ensures Marian Hope Center can continue to be of service to you and others.

Billing Policy:

1. You, the client's parent/guardian/guarantor are responsible for payment for all services provided. Any amounts eligible for payment by insurance or state-based programs will be billed to your insurance/programs, but any amounts not paid by your insurance/programs will be invoiced to you and is your responsibility for payment.
2. Therapy services will be billed according to the rate schedule below.
3. You will be invoiced at the end of each month for the services provided during the month.
4. Payment is expected promptly upon receipt of the monthly invoice. A service fee of 10% will be applied to any accounts that are 30 days past due.
5. We accept cash, checks or credit card (MasterCard, Visa, American Express and Discover).
6. If needed, Marian Hope Center will work with you to arrange a reasonable payment plan to help you manage your payments for the services provided.
7. Any unpaid balances may be subject to collections.

Insurance/Medicaid Policy:

1. We are in-network providers with Blue Cross Blue Shield, UHC & Tricare-UHC. Once it is determined that your child has speech and/or occupational therapy coverage, we will submit claims to in-network companies. It is your responsibility to pay the member responsibility portion that your plan does not cover (deductible, co-pay, co-insurance and any additional fees).
2. If Marian Hope Center is out of network with your insurance carrier, we will check the benefits with your insurance carrier and determine coverage for your child's diagnosis as an out of network provider. If you choose, we will file insurance claims as an out of network provider. It is your responsibility to pay the member responsibility portion that your out of network plan does not cover (deductibles, co-pay, coinsurance and any additional fees).
3. Regardless of any benefits quoted to Marian Hope Center by your insurance carrier, there is no guarantee of payment. You, the client's parent/guardian/guarantor, are ultimately responsible for payment for services provided.
4. We are only a straight-Medicaid provider. Since we are not a provider with any of the insurances that are associated with MO Health Net, we cannot accept MO Health Net insurance. If you have this funding source and choose to have services provided by Marian Hope Center, all services will be billed to you, the parent/guardian/guarantor.
5. Clients and their parent/guardian/guarantor are responsible for understanding the percentage of coverage allowed by their insurance policy and for understanding the deductible and coinsurance/co-pay applicable to their specific insurance policy.
6. Clients and their parent/guardian/guarantor are responsible to track visits used for therapy for the policy year and know when the allowable number of visits have been exhausted for the policy year. It is not the responsibility of Marian Hope Center to notify clients and their parent/guardian/guarantor when insurance allowable visits have been exhausted for the policy year. If the maximum number of insurance allowable visits is exceeded for a policy year, additional therapy sessions provided will be billed to the client's parent/guardian/guarantor at the private pay rates explained below.

Class Setting Therapy Rate Schedule

Our rates for individual therapy provided in a class setting are determined by the length of the class in which the client is enrolled.

1. 5-hour therapeutic class - both speech and occupational therapies provided
 - \$120/hour/ therapy
 - If the client has insurance coverage and diagnosis for both therapies, claims for both therapies will be billed to insurance.
 - If the client has a diagnosis and insurance coverage for only one therapy, then insurance will be billed for the covered therapy. You will also be billed at a discounted rate of \$72.50/session for class time.
 - If there is no insurance coverage or diagnosis for the client, you will be billed for the class at a discounted rate of \$145.00/session.

2. 4-hour therapeutic class - both speech and occupational therapies provided
 - \$120/hour/ therapy
 - If the client has insurance coverage and diagnosis for both therapies, claims for both therapies will be billed to insurance.
 - If the client has a diagnosis and insurance coverage for only one therapy, then insurance will be billed for the covered therapy. You will also be billed at a discounted rate of \$62.50/session for class time.
 - If there is no insurance coverage or diagnosis for the client, you will be billed for the class at a discounted rate of \$125.00/session.
3. 3-hour therapeutic class – both speech and occupational therapies provided
 - \$120/hour/ therapy
 - If the client has insurance coverage and diagnosis for both therapies, claims for both therapies will be billed to insurance.
 - If the client has a diagnosis and insurance coverage for only one therapy, then insurance will be billed for the covered therapy. You will also be billed at a discounted rate of \$50.00/session for class time.
 - If there is no insurance coverage or diagnosis for the client, you will be billed for the class at the discounted rate of \$100.00/session.
4. 2.5-hour therapeutic class - both speech and occupational therapies provided
 - \$120/hour/ therapy
 - If the client has insurance coverage and diagnosis for both therapies, claims for both therapies will be billed to insurance.
 - If the client has a diagnosis and insurance coverage for only one therapy, then insurance will be billed for the covered therapy. You will also be billed at a discounted rate of \$45.00/session for class time.
 - If there is no insurance coverage or diagnosis for the client, you will be billed for the class at a discounted rate of \$90.00/session.
5. 2-hour therapeutic class - both speech and occupational therapies provided
 - \$120/hour/ therapy
 - If the client has insurance coverage and diagnosis for both therapies, claims for both therapies will be billed to insurance.
 - If the client has a diagnosis and insurance coverage for only one therapy, then insurance will be billed for the covered therapy. You will also be billed at a discounted rate of \$40.00/session for class time.
 - If there is no insurance coverage or diagnosis for the client, you will be billed for the class at a discounted rate of \$80.00/session.
6. 1-hour therapeutic class – either speech or occupational therapies provided
 - \$120/hour/ therapy
 - If the client has insurance coverage and diagnosis for a therapy, claims for that therapy will be billed to insurance.
 - If there is no insurance coverage or diagnosis for the client, you will be billed for the class at a discounted rate of \$50.00/session.

Individual Therapy Rate Schedule

Individual therapy services are provided at Marian Hope Center or through the Outreach Program within the community setting or in the client's home.

1. Assessments include the evaluation and report writing at an hourly rate of \$120.00/hour with a two-hour minimum charge. If you do not have insurance or state program coverage for this service, you will be billed at a discounted rate of \$70.00/hour with a two-hour minimum charge.
2. Individual Therapy Sessions
 - If the client has insurance coverage and diagnosis for a specific therapy, claims for the covered therapy will be billed to insurance.
 - If there is no insurance coverage or diagnosis for the client, you will be billed for the therapy session according to the following discounted rate schedule:
 - 15 min = \$20.00
 - 30 min = \$40.00
 - 45 min = \$60.00
 - 1 hour = \$70.00

Additional Therapy Services Rate Schedule

1. Reading Services

- Reading classes are not billable to insurance or state programs.
- You will be billed at month end for sessions attended.
- Sessions are billed at \$50/hour.
- Evaluations and reports are billed at \$50.00/hour with a minimum time of 1 hour.

2. Para Services

- Para services are not billable to insurance or state programs.
- You will be billed at month end for sessions attended.
- Sessions are billed at \$7.50/hour for para time within a class setting.
- Sessions are billed at \$15.00/hour for individual para time with a client.

3. IEP Meetings

- If the client is enrolled at the Marian Hope Center, one therapist will attend one IEP meeting per calendar year at the parent's request. If the meeting time exceeds 90 minutes or if the therapist is asked to attend additional meetings, the client's parent/guardian/guarantor will be billed for this additional time at \$50/hour. Mileage for meetings held outside of the Kansas City metro area will also be billed to the client's parent/guardian/guarantor at the then current IRS mileage reimbursement rate for round-trip mileage to/from Marian Hope Center.

4. Phone/Email Consultations

- These services are any additional consultation time outside of normal consultation during a therapy session requested by the parent/guardian/guarantor to guide the parent/guardian/guarantor in the application of therapeutic strategies or recommendations developed by the licensed therapist.
- Phone/Email consultations are not billable to insurance or state programs.
- You will be billed for the consultation time according to the following rate schedule:
 - 15 min = \$15.00
 - 30 min = \$30.00
 - 45 min = \$45.00
 - 1 hour = \$55.00

5. Class Enrollment Fees

- Class enrollment fees are assessed by semester at Marian Hope Center and are identified in the class enrollment paperwork. These fees are due at the time of enrollment in the class.

Marian Hope Center is contracted as a provider through the MO First Steps and KCRO Autism Project programs. If your child has been approved for one of these programs, Marian Hope Center will bill for services based on its contracted rates and attendance of your child for therapy sessions.

I have read the above three (3) pages of Marian Hope Center's Billing/Insurance/Rate Schedule Policy and agree to the terms set forth in this policy by Marian Hope Center for Children's Therapy. I understand that I am responsible for knowing and understanding all of the information contained in this billing policy. I acknowledge that I am the parent/guardian/guarantor for the client identified below, and I acknowledge that I am responsible for payment for all services provided to the client by Marian Hope Center.

Signature of Parent or Responsible Party

Date_____

PLEASE PRINT CHILD'S NAME

Revised 2.2016