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.

2019-2020 MARIAN HOPE CENTER ENROLLMENT FORM – RETURNING FAMILIES

Child's Name _____ Birth date

Class (day & time) _____ Enrollment Date _____

(select one) ☐ Fall ☐ Spring

Parent(s) Name(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Mom: Work Phone _____ Dad: Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Emergency Contact(s) (other than parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Others allowed to pick up your child ☐ Check if the same as emergency contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Physician:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Diagnosis _____

Special Precautions
Allergies Medicines _____

Concerns to be addressed: _____

Billing Policy for 2019-2020 Session (August 19 – May 15)

Thank you for choosing Marian Hope Center (MHC) 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 on page 3.
3. 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.
4. We accept cash, checks or credit card (MasterCard, Visa, American Express and Discover).
5. 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.
6. Any unpaid balances may be subject to collections.

Insurance/Medicaid Policy:

1. We are in-network providers with Blue Cross Blue Shield and United Healthcare. 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 MHC 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 MHC 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 MHC 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.

Rate Schedule

Class Setting Therapy

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

1. The client has insurance coverage and diagnosis for speech and/or OT, claims for both therapies will be billed to insurance.

2. The client has no insurance coverage or diagnosis, the following private pay rates will be invoiced to the guarantor.
    - 1.0-hour class, one therapy provided = $60 per session
    - 2.0-hour class, speech and occupational therapies provided = $90 per session
    - 2.5-hour class, speech and occupational therapies provided = $100 per session
    - 3.0-hour class, speech and occupational therapies provided = $110 per session
    - 4.0-hour class, speech and occupational therapies provided = $135 per session
    - 5.0-hour class, speech and occupational therapies provided = $155 per session

Individual Therapy Rate Schedule

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

1. Assessment
    - If the client has insurance coverage, claims for the assessment will be billed to insurance.
    - If there is no insurance or state program coverage for this service, you will be billed at a discounted rate of $70.00/hour with a 2-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-minutes = $ 30.00
        - 30-minutes = $ 50.00
        - 45-minutes = $ 70.00
        - 60-minutes = $ 80.00

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 MHC, 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-minutes = $15.00
        - 30-minutes = $30.00
        - 45-minutes = $45.00
        - 60-minutes = $55.00
5. Class Enrollment Fees
    - Class enrollment fees are assessed by session at Marian Hope Center and are identified in the class enrollment paperwork.
    - These fees are due at the time of enrollment in the class.

MHC 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.

Child's Name:	Birth date
Signature of Parent or Legal Representative or Responsible Party	Date

Child's Name: _____ Birth date: _____

Funding Source

Please select the types of funding you intend to utilize for your child's class and/or therapy sessions at MHC.

☐ First Steps - Service Coordinator _____

☐ KCRO/Autism Project - Service Coordinator *(copy of ISP required)* _____

☐ 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 of Policy Holder _____

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)*

Child's Name: _____ Birth date: _____

Consent for Care and Treatment

As the child's parent or legal guardian, I hereby consent to necessary evaluation, procedures and/or treatments prescribed by my child's therapist as is necessary in her judgment. I understand that my child is under the care and supervision of my therapist. The Marian Hope Center is a teaching facility. There will be students, volunteers, and clinical interns that may be observing or supporting the therapists in treatment areas. I authorize this as a part of my child's treatment at the MHC.

_____ _____

Signature of Parent or Legal Representative or Responsible Party Date

Cancellations

Attendance Policy

Marian Hope Center requires PRIOR 24-hour notice if a child will not be attending a scheduled appointment/therapy time (individual treatment session, class, or evaluation). A therapist may be contacted by phone, text, email OR by calling 816.478.7681 OR by emailing tsonderman@marianhope.org. If your child is absent from a class and PRIOR 24-hour notification has NOT been received, a $40 charge will be billed to the parents/caregivers for the missed session, regardless of payment source (KCRO, insurance, etc.).

If no notice of absence is received, the parent will be contacted. In the case of extenuating circumstances (e.g., illness, sudden death in the family, etc.), MHC will evaluate on a case-by-case basis.

No-Show Policy

Marian Hope Center maintains a waitlist for classes and individual therapy. If a child is absent from his/her scheduled appointment/therapy time (individual treatment session, class or evaluation) without 24-hour PRIOR notice three times in one calendar month, the child's therapeutic services (class and/or individual therapy) will be forfeited and offered to one of our waitlist families.

In the event a child's therapeutic services are forfeited, the cancellation fee will still apply. Per parent request, the child will be added to the waitlist.

Closings

In the event that it is necessary for MHC to cancel a therapy class, families will be notified via email. Closings will be posted on the Marian Hope Center website and Facebook page.

Child's Name: _____ Birth date: _____

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Checklist for Success

☐ I have provided accurate contact information.

☐ I understand my financial obligation.

☐ I have read and understand the following policies.

- Attendance
- No-Show
- HIPPA
- Parent Handbook

☐ I know I can always leave a message at 816.478.7681 if my child will be absent.

☐ I realize Marian Hope Center is a non-profit and I plan to participate in the mission.

_____ _____
Signature of Parent or Legal Representative or Responsible Party Date

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Payment of Enrollment Fee for 2019-2020 Session (August 19-May 15)

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 September 3, 2019. If you have questions, please contact Theresa Sonderman at tsonderman@marianhope.org or 816-695-1171.

- ☐ 3.0-hour class *enrollment fee* = $250
- ☐ 2.5-hour class *enrollment fee* = $200
- ☐ 2.0-hour class *enrollment fee* = $150
- ☐ 1.5-hour class *enrollment fee* = $125
- ☐ 1.0-hour class *enrollment fee* = $100

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

- ☐ Cash
- ☐ Check
- ☐ Credit Card (check one):
  - ☐ Visa
  - ☐ Mastercard
  - ☐ American Express
  - ☐ Discover

Card #: _____ Expiration Date: _____