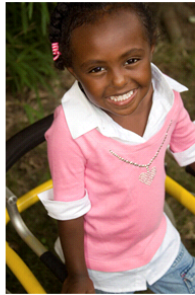


Pediatric Therapy Associates Family Welcome Book



Making Miracles Happen

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Welcome to PEDIATRIC THERAPY ASSOCIATES Making miracles happen!

Dear Parents and Caregivers,

Pediatric Therapy Associates welcomes you to our locally owned practice. We are proud of the reputation we have earned as being a premiere multidisciplinary therapy practice with the skills and equipment to treat children with a wide range of needs and abilities. The treatment techniques we offer will enhance your child's level of function and the quality of their daily activities.

We encourage you to develop a close working relationship with your therapist(s) in order to help us to set therapeutic goals and to support the rehabilitative needs of your child. As you are your child's best advocate, we would like to emphasize to you the importance of speaking openly and honestly with your therapist. In addition to your individual therapist, all of our management, administrative and clinical staff are available to assist you. Your child's success is of utmost importance to us, and we encourage you to contact us if we can assist that process in any way. You are the most important member of your child's rehabilitative team. With your help and support, we can provide the best care for your child.

Gerry Highsmith, PT, Director, and Cheryl Stephenson, SLP, Co-Director

PLEASE VISIT US ONLINE AT:

Our Website - www.pedtherapy.com

Our Facebook Page - www.facebook.com/pedtherapy

Our Blog – www.ptakids.wordpress.com

[Physical Therapy](#) • [Occupational Therapy](#) • [Speech & Language Pathology](#) • [Developmental Therapy](#)

www.pedtherapy.com

Locations and Contact Information

Cary

1120 SE Cary Parkway, Suite 200

Cary, NC 27518

Phone: (919) 854-0404

Fax: (919) 854-0359

Clinical Coordinators:

Amy Huneycutt (SLP) & Erin Rosner (PT)

Garner

951 Heather Park Dr., Suite 100

Garner, NC 27529

Phone: (919) 861-1180

Fax: (919) 861-1183

Clinical Coordinators:

Taylor Chewning (SLP) & Cindy Outman (OT)

Raleigh

4201 Lake Boone Trail, Suite 4

Raleigh, NC 27607

Phone: (919) 781-4434

Fax: (919) 781-5851

Clinical Coordinators:

Anna Carrick (SLP), Mary Hampton Ferrell (PT) & Diane Winner (SLP)

Wake Forest

Wake Forest Business Park, 835-A

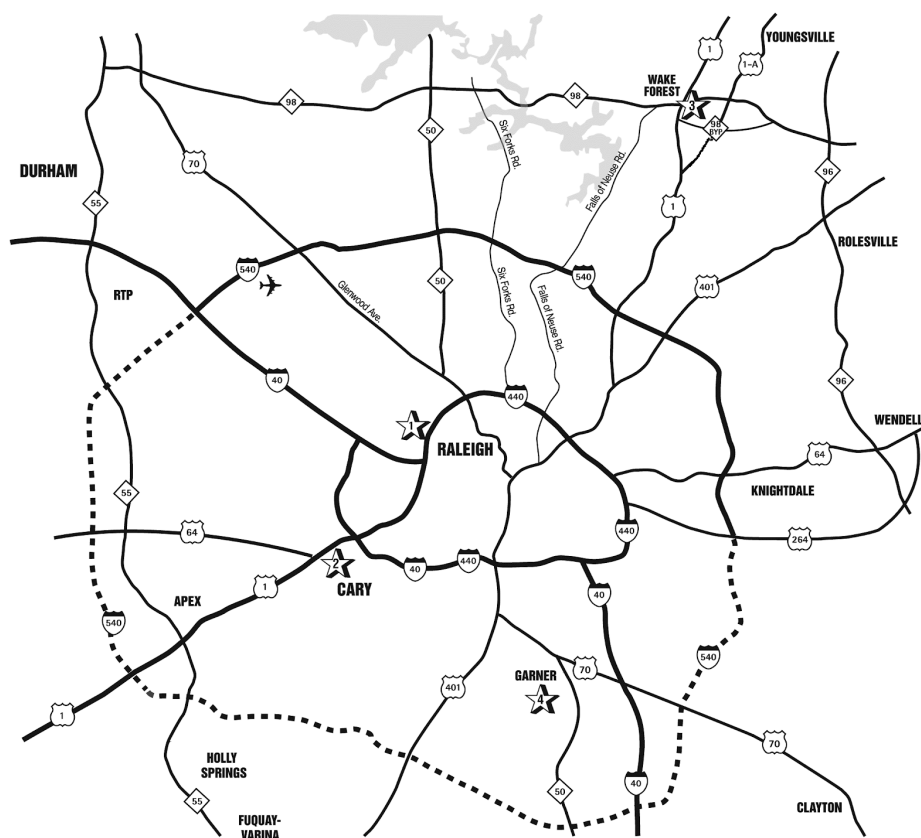
Wake Forest, NC 27587

Phone: (919) 562-9941

Fax: (919) 562-9943

Clinical Coordinators:

Anna Carrick (SLP) & Nicole Ramos (SLP)



Gerry Highsmith, PT, Director & Cheryl Stephenson, SLP, Co-Director

Gerry and Cheryl are responsible for overall management, teaching, training, and development of our clinical staff at all locations. They can be contacted at our Raleigh office (919-781-4434) if you have any questions or concerns. In addition, Gerry can be reached on her cell phone at 919-906-0164.

Allison Sears, Admin Manager & SarahBeth Weston, Billing Manager

Allison is responsible for the administrative staff and business aspects of the practice at all locations. SarahBeth is responsible for all billing aspects of the practice at all locations. They can be contacted at our Raleigh office (919-781-4434) if you have questions or concerns related to these areas.

SERVICES OFFERED



Physical Therapy: Physical Therapy works toward the development of age-appropriate motor skills and helps children reach their maximum potential for functional independence. This type of therapy improves strength, coordination, and balance, resulting in increased participation and independence in everyday environments. PTs may also recommend and fit a child for adaptive equipment, such as orthotics, walkers, specialized seating, and bath systems. In addition, they address orthopedic/sports-related injuries through the use of manual therapy, flexibility exercises, and strength activities to return the child to his or her prior level of

function.

Occupational Therapy: Occupational therapy strengthens the coordination between the brain and the body to enhance the functions of daily living for children. Therapy addresses the following areas: fine motor skill coordination, handwriting difficulties, positioning/splinting, self-help skills (e.g., dressing, tying shoes, using buttons/fasteners, sensory processing difficulties, feeding difficulties, and upper extremity (arm/shoulder) disabilities. Our OTs have specialized training in Handwriting Without Tears, Interactive Metronome, and Therapeutic Listening.

Speech-Language Pathology: Speech-language pathology addresses the full range of human communication and its disorders. Therapy improves a child's communication skills in his or her everyday living environments. Therapy targets the following areas: articulation (pronunciation), auditory processing skills, fluency/stuttering, language delays, oral-motor difficulties, social language skills, and swallowing/feeding difficulties. Our SLPs have specialized training in PROMPT (Prompts for Restructuring Oral-Motor Phonetic Targets) and PECS (Picture Exchange Communication System). Our SLPs additionally address reading and writing difficulties in school-aged children using Orton-Gillingham and Visualizing/Verbalizing approaches. We work collaboratively with families and teachers to address written language deficits using language and phonics-based techniques to bolster foundational skills that are critical to academic success.

Feeding Therapy: Our SLPs and OTs are specially trained in the area of pediatric dysphagia and the complex needs of children with feeding and swallowing disorders. We provide feeding evaluations, feeding therapy, parent education, and home programs to address each child's individual needs. Our feeding specialists have specialized training in the CAN-EAT and SOS (Sequential Oral-Sensory) approaches to feeding therapy.



Developmental Therapy/CBRS (Early Intervention/CDSA): Developmental therapy is a service offered to children who have been evaluated through the Children’s Developmental Services Agency (CDSA), and enrolled in the Early Intervention Program. Children enrolled in Early Intervention can receive therapy in their home, preschool/daycare, or in other natural environments. Developmental therapists address Individualized Family Service Plan (IFSP) objectives, focusing on age-appropriate play skills, educational activities, and self-help skills. Through this service, education and training are provided to caregivers to help them address their child’s needs, while developmental intervention is provided to children to assist with overall skill enhancement and acquisition.

Other Services Offered:

Additional services offered by PTA include:

- **Constraint Induced Movement Therapy (CIMT)**
- Evaluation and fitting for adaptive tricycles through the AMBUCS program.

Insurance:

We are pleased to be in-network with the following insurance plans:

- | | |
|--|--|
| ● Aetna/Optum Health | ● Healthnet |
| ● Blue Cross Blue Shield (BCBS) | ● Medcost |
| ● All Medicaid Managed Care Plans
(Including Carolina Complete Health,
HealthyBlue, UHC Community Plan,
WellCare and AmeriHealth Caritas) | ● Medicaid/NC Healthchoice |
| ● Cigna | ● Multiplan |
| ● Coventry Health/Duke Select | ● Private Healthcare Systems (PHCS) |
| ● First Health | ● Tricare |
| ● Great West | ● Wellpath Coventry Health |
| | ● Wellpath Duke Select |
| | ● United Healthcare |
| | ● United Medical Resources (UMR) |

We are also an Early Intervention/Infant Toddler Program Provider

If your plan is not listed above, please call for information about your plan’s access to our pediatric specialists.

POLICIES AND PROCEDURES

FINANCIAL POLICIES

Pediatric Therapy Associates' services are processed at different levels depending on your specific insurance plan. It is the responsibility of the parent/guardian to be familiar with the patient's insurance and how the claims should be processed, including any patient cost responsibility, any visit limitations, or any benefit exclusions. You can get this information by contacting your insurance company directly using the customer service telephone number that is generally found on the back of your insurance card.

We would like to reiterate that this does not guarantee that your insurance will cover the services you are receiving at Pediatric Therapy Associates. Your insurance company will determine if these charges will be covered when they receive an insurance claim from Pediatric Therapy Associates, which includes the procedure that took place in our office as well as the applicable diagnosis code(s).

Please be sure to review the Explanation of Benefits form that you receive from your insurance company which will tell you if they are covering these services or not.

While we are happy to provide you with an estimate of your benefits, it is always a good policy for you to verify your insurance benefits yourself. This ensures that we are both given the same benefit information and you become familiar with your insurance plan benefits.

We bill your insurance carrier solely as a courtesy to you. The following requirements apply:

- We require that arrangements for payment of your estimated share of the cost of service be made on the date of the service.
- **If your insurance carrier does not remit payment within 6 visits, the balance will be due in full from you at the good faith estimate rate, and we will collect the good faith estimate rate for further sessions.**
- In the event that your insurance carrier requests a refund of payments made, you will be responsible for the amount of money refunded to your insurance company.
- In the event that your carrier establishes an internal usual and customary fee schedule, you will be responsible for the difference remaining.
- If any payment is made by your insurance carrier directly to you for services billed by us, you recognize an obligation to promptly remit same to *Pediatric Therapy Associates*.
- If you obtain services in excess of that which is authorized by your insurance plan, you acknowledge that you may be responsible for the cost of the professional services rendered.
- If you fail to make any of the payments for which you are responsible in a timely manner, you will be responsible for all costs of collecting monies owed.

THE APPEALS PROCESS

If you exhaust your insurance benefits or if your insurance company has denied your charges with Pediatric Therapy Associates, your insurance company may request that you go through an Appeals Process. While we want to be of help to you, it is the responsibility of the policy holder to initiate this process. We will be glad to furnish you with our standard reports such as evaluations, progress notes and semi-annual reviews for you to submit to your insurance company. (If additional reports or letters are requested, there will be an additional charge. Please see page 13 of this handbook for fees). You will be responsible for gathering the requested information, sending it to your insurance company, and following up with them concerning their response to your request.

During this time of appeal, you may continue to receive services at Pediatric Therapy Associates but will have to pay in full for services rendered. If you choose not to continue services, your appointment slot can not be held while waiting for a response from the insurance company.

****A good faith estimate is available in the event that your insurance company will not pay for your child's services, and you do not have a supplemental program available through your employer. The good faith estimate rate is \$35 per 15 minutes of therapy services and \$99 for an evaluation.****

If you have any questions concerning this information, please feel free to speak to our administrative staff.

CANCELLATION AND NO-SHOW POLICY

Pediatric Therapy Associates' policy requires a 24-hour notice for cancellation of a scheduled therapy session. Excessive cancellations or excessive no-show for appointments are reviewed by the treating therapist and management. Excessive missed appointments are considered greater than 2 out of 8 visits (including illnesses or emergencies) or 2 consecutive no-shows. In the case of excessive missed appointments, a decision will be made regarding the frequency of the child's therapy sessions, the time of the scheduled therapy visits, or it may be recommended that the child take a break from therapy until a more consistent schedule of therapy sessions can be achieved.

CAREGIVER ATTENDANCE AND CONSULTATION POLICY

Caregivers are encouraged to attend therapy sessions when it would be therapeutically beneficial for the patient. Please feel free to join your child for therapy or wait for your child in our waiting room. **We reserve the last 5 minutes of your appointment time for documentation of your child's session and consultation with you about your child's progress and any applicable home program.**

If you choose to wait in the waiting room, please come to the treatment room five minutes prior to the end of the session in order to talk with the therapist. This will allow for the consultation time and to receive the charge ticket for you to check out. If you do not wish to, or are unable to come back, we will do our consultation in the waiting room. If you would prefer a more private space to talk, please let your therapist know so that we can make accommodations.

We must ask that you do not leave your child and/or siblings alone at our office. We are unable to provide appropriate care for your children left unattended, and cannot take individual responsibility beyond treatment.

INFECTION CONTROL PROCEDURES

In order to control infectious diseases among our staff and other children that are treated at Pediatric Therapy Associates, patients will not be treated and parents will be advised to seek medical care when a child presents with:

- a fever greater than 101 degrees
- sore throat
- undiagnosed or contagious rash
- impetigo
- upset stomach or diarrhea
- conjunctivitis
- other symptoms of a contagious disease
- open/uncovered wounds

INCLEMENT WEATHER POLICY

The management staff will make all decisions regarding closing or delayed openings due to snow or inclement weather. Your child's therapist will make every effort to contact you by telephone at the number(s) we have on file for you. We also update our Facebook page and website to reflect any closings.

In the case that Pediatric Therapy Associates closes early due to weather, Pediatric Therapy Associates will attempt to contact you regarding your child's appointment for that day. If you have not heard from our office and have any questions regarding your child's attendance at therapy on a day of inclement weather, please check our website (www.pedtherapy.com), Facebook page (www.facebook.com/pedtherapy/) or call/text our weather hotline at (919) 906-0164.

SAFETY POLICY

In consideration of safety for your child, please do not allow your child to play on the swings, balls, or equipment in the treatment areas without the supervision of a PTA therapist. This equipment can be dangerous and we would not wish for any harm to come to your child. Please attend to children in the waiting room carefully, and do not allow them to go back to the treatment area unless accompanied by PTA staff.

ELECTRONIC COMMUNICATION POLICY

With a caregiver's permission, we may use email communication or text messaging for notification and reminders regarding scheduling and/or cancellations in the event that telephone or in-person communications regarding these matters are time-sensitive or ineffective. Such notifications will not contain PHI (Protected Health Information) and will be in conformity with PTA's Notice of Privacy Practices, included in this booklet. Email and text communication should not be used to discuss sensitive information, such as financial information or PHI as the privacy of these communications is not guaranteed. If a caregiver chooses to share PHI with the staff of PTA via electronic communication, PTA will make every effort to protect the privacy of such information in conformity with its Notice of Privacy Practices; however, PTA cannot guarantee the security of electronic communications and the caregiver sharing the information assumes responsibility for breaches of confidentiality that this may cause. You may withdraw your consent to the use of email or text communication for the purposes outlined herein at any time.

NO SMOKING POLICY

Employees of PTA are prohibited from smoking in a patient's home.

ADMINISTRATIVE FEE SCHEDULE

The following administrative fees are applicable to services provided which are not considered part of a child's medical treatment, and therefore not billable to insurance.

Consultation Good faith estimate	\$35 per 15-minute unit, with a minimum of \$35. Charge begins after the first 10 minutes. Billing is done at time of service.
Advocacy (by request) Good faith estimate Such as: visit to a physician's office, school, orthotist, clinics, swallow studies, etc. Attendance at IEP/IFSP meetings.	\$35 per 15-minute unit, with a minimum of \$140. Billed per hour per therapist; including travel time and waiting time. Minimum one hour charge. Billing is done at time of service
Reports, special letters, justification and insurance letters Good faith estimate	\$35 per 15-minute unit. Required to assist with obtaining insurance coverage, funding of equipment, for IEPs, etc. Billing is done at time of service.
Travel differential Good faith estimate For visits out of office to home, schools, or other sites.	Treatment time = time out of office plus \$0.32/ mile. Not billable to insurance without pre-authorization.
Good faith estimate rate	\$35 per 15-minute unit for all therapy services. \$99 per evaluation appointment. This is available when insurance will not cover services, and a supplemental program is not offered through your employer.
Subpoenaed or requested to appear in court or provide written report, assessment or a phone interview. Good faith estimate	If the therapist is subpoenaed or requested by you or your legal representative to appear in court or provide a written report or assessment, the fee will be prorated based upon a good faith estimate rate (as shown above.) Time spent in court testimony, at court, in depositions, waiting for a deposition or other case related subpoenaed meetings and case file preparation time shall be charged to the requesting party or their attorney at the good faith estimate rate. If the Court, CPS, or other case-related entity requests or subpoenas a therapist's appearance, the parties responsible for the fees, as noted in this agreement, shall pay all fees related to the therapist's time to appear, preparation time and travel time. If a therapist is requested or subpoenaed to appear prior to noon, then an 8 hour minimum fee shall be prepaid. If a therapist is requested or subpoenaed to appear after noon, then a four hour minimum charge shall be prepaid. Written notice of the appearance and the appearance fee as set forth, must be received 15 days prior to the requested/subpoenaed appearance. Written notice of cancellation must be received at least five 5 business days prior to the scheduled appearance to avoid incurring the full appearance fee. If the Court subpoenas or calls the therapist to testify, the responsible party identified in this agreement is responsible for their appearance and testimony fees as noted above.

NOTICE OF PRIVACY POLICIES FOR PEDIATRIC THERAPY ASSOCIATES & SPORTS MEDICINE

Introduction

Our practice has always been dedicated to maintaining the privacy of your medical record, now referred to as Protected Health Information (PHI). We at Pediatric Therapy Associates & Sports Medicine (later referred to as PTA&SM) have and will continue to maintain the privacy of your PHI. As part of caring for you, we will create records regarding you and the treatment and services you receive. Effective April 14, 2003, we are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with a notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By Federal and State Law, we must follow the terms of the Notice of Privacy Policies that we have in effect at the time.

Understanding Your Health Record/Information

Each time you visit PTA&SM, a record of your visit is made. Typically, this record contains your symptoms, examination and any test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify the services we provided and for which they were billed,
- A tool to help educate our staff,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of our community, state and nation,
- A source of data for our planning and marketing,
- A tool with which we can assess our performance and the care we render and the outcomes we achieve.

Understanding what is in your record and how your PHI is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

As in the past your health record is the physical property of PTA&SM, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon written request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided for in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,

- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent action has already been taken.

Our Responsibilities

Pediatric Therapy Associates and Sports Medicine is required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide you with a revised copy on your next visit to our office.

We will not use or disclose your PHI without your authorization, except as described in this notice. We will also discontinue use or disclosure of your PHI after we have received written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer Allison Sears at 919-781-4434 or via email at asears@pedtherapy.com.

If you believe your privacy rights have been violated, you can file a notice with the Practice's Privacy Officer, or with the Office of Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer of the Office of Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
 US Department of Health and Human Services
 200 Independence Avenue, S.W.
 Room 509F, HHH Building
 Washington, DC 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment

For example: Information obtained by a therapist or other members of your health care team will be recorded in your report and used to determine the course of treatment that should best work for you. Your provider will

document his or her recommendations in your record. Members of your health care team will then record the actions they took and their observations. In this way, the provider will know how you are responding to treatment.

We will also provide the physician that referred you, and/or that you identified, with copies of various reports that should assist him or her in treating you once you are discharged from our care.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill will often include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for our regular health operations.

For example: Therapists in this practice, members of the therapeutic staff, the risk or quality improvement manager, or members of the equality improvement committee may use information in your health record to access the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include services provided by physicians in an emergency department or radiology center, certain laboratory tests, and copy services we used when making copies of your health record. When these services are contracted, we may disclose your PHI to our business associates so they can perform the job we have asked them to do and bill you or your third-party payer for their services rendered. To protect your health information, however, we will require the business associate to appropriately safeguard your information, through a business associate agreement.

Notification: We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, health information relevant to the person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Workers Compensation: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Law Enforcement: We may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena.

Federal Law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES

All patients receiving services through Pediatric Therapy Associates, Inc. possess basic rights and responsibilities. These include the right to:

1. To be informed and participate in his or her plan of care.
2. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.
3. To receive care and services that are adequate, appropriate, and in compliance with relevant federal and State laws and rules and regulations.
4. To voice grievances about care and not be subjected to discrimination or reprisal for doing so.
5. To have his or her personal and medical records kept confidential and not be disclosed except as permitted or required by applicable State or federal law.
6. To be free of mental and physical abuse, neglect, and exploitation.
7. To receive a written statement of services provided by the agency and the charges the client is liable for paying.
8. To be informed of the process for acceptance and continuance of service and eligibility determination.
9. To accept or refuse services.
10. To be informed of the agency's on-call service.
11. To be informed of supervisory accessibility and availability.
12. To be advised of the agency's procedures for discharge.
13. To receive a reasonable response to his or her requests of the agency.
14. To be notified within 10 days when the agency's license has been revoked, suspended, canceled, annulled, withdrawn, recalled, or amended.
15. To be advised of the agency's policies regarding patient responsibilities.

To discuss complaints or concerns, please contact us so that we may address them directly with you.

You can call Pediatric Therapy Associates at 919-781-4434 (Raleigh location), 919-854-0404 (Cary location), 919-562-9941 (Wake Forest location) or 919-861-1180 (Garner location). You may also call Gerry Highsmith, Director, on her cell phone at 919-906-0164.

If the response from Pediatric Therapy Associates does not address your concerns adequately, you may also contact the State of NC Home Health Hotline at 1-800-624-3004.