

Pediatric Physical & Occupational Therapy Services, LLC

The offices of Rosemary White, OTR/L & Associates

Main Office

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Clinic Info

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Welcome to our new clients,

We are accepting new clients and look forward to working with you.

Rosemary White is the owner and director of Pediatric Physical and Occupational Therapy Services; she is very actively involved in every aspect of the practice and in mentoring all of our therapists. Rosemary lectures extensively nationally and internationally and because of her lecture schedule, which frequently takes her away from the clinic, she is not personally accepting new clients however she works very closely with each therapist and their clients.

Our main office is located north of Seattle in Shoreline, WA. Appointments are scheduled in the clinic between the hours of 8 AM and 5 PM, Monday through Friday. We schedule therapy on a weekly basis; individual (one-on-one) therapy sessions are one-hour in length, the same day and time each week.

The initial four treatment sessions are the observation/assessment appointments – the goals for therapy and treatment plan are established at these sessions. The therapist looks at four primary areas, sensory processing (sensory modulation, sensory regulation, sensory discrimination, and motor planning); auditory processing, gross and fine motor skills, social skills and behavior. Occupational Therapy assessments are provided to understand functional difficulties that your child may be experiencing and the unique sensory processing challenges that may contribute to these difficulties. We recommend that both parents attend the evaluative sessions. Please arrange childcare for siblings during these sessions as it is important for you to be able to give your full attention your child being assessed and the therapist. If upon completion of the initial 4 assessments therapy is recommended, then the appointment remains confirmed for as long therapy is recommended. Your Occupational Therapist will not make a “medical diagnosis” however, based on the assessments and clinical observations, together with your concerns (provided on our intake questionnaire) your therapist will make recommendations regarding therapy.

During the initial 4 treatment, observation/assessment, sessions the parents are present and are included in the sessions. In at least one of the initial four sessions a play assessment is conducted in which the parent and the child play together for fifteen minutes (Functional Emotional Assessment Scale, or FEAS). The FEAS is a standardized play assessment during which we are looking to find the types of play when you and your child find enjoyment and engagement. If other standardized testing is appropriate, it may include tests of balance and coordination, gross and fine motor skills, visual perception, sensory perception and/or motor planning. All of the initial observation sessions include clinical assessment during which the therapist observes the child’s postural and behavioral responses while playing on therapy equipment. Our goal is to work with you. For many families this

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includes direct coaching of the parents to facilitate engagement and interaction through both play and daily activities.

The initial four treatment, observation/assessment, sessions are video recorded, and you will receive a copy of each session to view at home digitally or on DVD soon after the session is completed. The videos include the therapist's impressions and recommendations. During the 4th session the therapist will conference with you regarding the assessments, her recommendations and, if therapy is recommended she will discuss the goals and treatment plan for weekly therapy. The session videos can be shared with anyone that is working with your child. We suggest that you use the video of the fourth session as a tool to review the conference session (which includes a review of the assessment, recommendations, goals and treatment plan) until you receive the written report. The written report is usually completed in approximately 12-16 weeks after the fourth observation/assessment session is completed.

The first steps in scheduling an appointment:

- Contact the office to provide your name, your child's name and age, initial intake information regarding your child's medical history, your main concerns for therapy and your child's specific needs.
- Complete and return the intake questionnaire, contract for services and authorization to exchange information (Instructions for completion and return of the intake questionnaire are included on the questionnaire)

Receipt of completed intake information for our Seattle office:

Upon receipt of the completed intake questionnaire, we will contact you to confirm receipt of the completed intake. We will place your child's name on our appointment list to be scheduled. (*Your child's name will not be added to our appointment list until we receive the completed questionnaire.*) We do our very best to schedule appointments as quickly as we can and always work hard to make your waiting time as short as possible. However, because appointments often remain filled for extended periods of time, it is frequently necessary to wait for an available appointment to begin therapy. The waiting time to begin therapy will vary based on your flexibility and availability for appointments and the time of the year your intake is received. The beginning and end of the school year are usually our busiest seasons and we usually we receive an influx of intakes at these times.

Doctor Referral or Prescription and Diagnosis to Submit to Insurance:

Based on our experience, as claims are being processed or reviewed for payment, many insurance companies require documentation of medical necessity. A doctor's written prescription/referral for therapy is a primary document requested by insurance companies to establish medical necessity. Although your insurance plan may not "require" a referral for Occupational Therapy, we suggest that you provide our office with a written prescription/referral from your child's doctor to keep on file for insurance, if requested. We rely on you to maintain a current prescription that covers all dates of service throughout the duration of your child's therapy. If your child's prescription/referral is written for a certain period of time or for a certain number of visits, then we rely on you to request an updated prescription from your physician prior to expiration.

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Our practice provides *Occupational Therapy* using a variety of approaches. Please request that your physician write the prescription/referral specifically for Occupational Therapy and that he/she include the diagnosis or reason for therapy plus the frequency and duration of recommended therapy.

It is not within the scope of practice for an Occupational Therapist to make a medical diagnosis. Therefore, we rely on you to obtain doctor's referral/prescription for Occupational Therapy that contains a diagnosis that will be used to submit to insurance. If you are aware of the correct diagnosis for your child and would prefer providing the diagnosis without obtaining a referral then we are happy to receive the diagnosis from you directly.

In order to submit claims to insurance it is necessary to provide a diagnosis code. Please discuss the appropriate diagnosis for your child's therapy with your doctor when requesting an initial prescription/referral. We will submit claims to your insurance using the diagnosis as specified on the doctor's prescription/referral. *Claims cannot be submitted to insurance without a diagnosis code and the fee for services will be billed to you directly for private payment until a medical diagnosis is provided to submit to insurance.*

Important Note: *If your insurance requests a copy of a prescription/referral from a physician and a current one is not on file it may cause payment of your claims to be denied.*

It is important to contact your insurance company to verify your eligibility and benefits prior to beginning therapy to avoid unexpected costs:

We do not contact insurance companies to verify our clients' plan benefits, limitations, or requirements (if any) for authorizations. We ask that you contact your insurance to verify that we are contracted with your plan and to confirm your coverage and benefits for Occupational Therapy and to discuss any requirements regarding the necessity of pre-authorization of services. If you find that we are not contracted, please ask about out of network benefits for non-contracted providers. The easiest way to identify our practice with your insurance company is with our tax ID number 42-1613982 for Pediatric PT & OT Services, Seattle, WA. Insurance companies often ask for the billing codes when providing benefit information. We submit claims with the procedure code (or CPT code) 97530 for therapeutic activity that is provided by a licensed Occupational Therapist. *The billing diagnosis code (ICD-10 code) is taken from your physician's prescription or referral.*

Insurance companies often process claims for Occupational Therapy for children 6 years and younger as Neurodevelopmental Therapy (NDT.) Occupational Therapy claims are sometimes processed for children 7 years and over as rehabilitation services. It is important you verify the coverage based on your child's age and diagnosis. Some insurance plans do not cover Neurodevelopmental Therapy and we recommend you clarify the type of benefits you have for your child's Occupational Therapy prior to beginning services.

If your insurance company requires an authorization for Occupational Therapy, then we rely on you to obtain and update the authorization as required and to verify that all necessary paperwork is on file with your insurance company before your child begins therapy.

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- It is important for you to keep track of the expiration date of all referrals, prescriptions or authorizations and request updates as necessary. We do not track or notify parents of the expiration of authorizations or prescriptions/referrals.
- As necessary or as required, please contact your insurance or physician for extensions prior to the expiration of any authorization or prescription/referral.
- If medical records are required by your doctor or insurance company, we are happy to provide the necessary paperwork. We rely on you to let us know as far in advance as possible, to allow your therapist time to finalize the necessary paperwork. *We request a minimum of 1-month prior notification for paperwork completion.* We also rely on you to follow up with your doctor or insurance company to verify the status of the review of medical records.
- If your insurance plan has a contract limit (maximum dollar amount or number of visits) for Occupational Therapy, then we rely on you to keep track of the dollar amount or number of visits you have used relative to the number of visits or dollar amount available. We cannot track or notify you when the maximum is reached.

Occupational Therapy may not be covered by some insurance companies for children 7 years and over (determination is based on the insurance company and the child's diagnosis):

If your child is 7 years or over and has a diagnosis related to a developmental delay, *we recommend that you ask your insurance company very specifically if your plan covers Occupational Therapy under developmental services for children 7 years or older.* If it does, then we suggest that you ask if your child's diagnosis is considered medically necessary for Occupational Therapy for your child who is 7 years or over. We suggest that the diagnosis you provide to insurance be based on the physician's diagnosis indicated on the prescription/referral for therapy.

Whenever you contact your insurance, we suggest you obtain and keep a record of the date of your call, the representative's first name and last initial and a call reference number. Calls to insurance companies are usually recorded and can be referenced if you have the necessary documentation to allow them to locate your calls. This documentation is very important if questions arise later when claims are processed or denied. It is important to document any calls made to insurance where you are given benefit or claim information.

If you have a change in medical insurance or receive a new insurance card:

Please notify us immediately with any/all new insurance information and the effective date of coverage. We suggest you contact your new insurance plan to confirm your eligibility and benefits.

The cost of therapy services:

The initial assessment and treatment sessions, when scheduled as part of ongoing therapy services, *are billed at the rate of \$175 per hour for the first four sessions.*

The fee for ongoing Occupational Therapy sessions (non-assessment, from the 5th session forward) is \$150 per hour. If you choose to pay at the time of the session or with a credit card that is on file for automatic monthly billing, then you will receive a 10% cash discount. (We do not offer the discount on the initial 4 treatment, observation/assessment sessions.)

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When services are scheduled that are not part of regular ongoing treatment and when Rosemary White or one of her associates provides Parent Education and Recommendations or video consultations the fee for services will be discussed and confirmed at the time of scheduling. We provide a variety of services and work with families to accommodate their individual needs. Therefore, fees depend on services being provided. We do not accept or submit to insurance for these services.

We accept insurance and submit claims for ongoing therapy services (this includes the first four individual, one-hour observation/assessment, sessions.) However, we rely on you to keep payment of your account current, to make regular monthly payments on your account and to keep track and follow up with your insurance if your claims are not paid in a timely manner or if they are denied for any reason.

Insurance review of medical records to determine coverage and benefits and extended vacation:

When a review of medical records is required by your insurance to determine medical necessity for ongoing therapy benefits, we will submit the requested records to insurance. We rely on you to follow up on the status and determination of the review. During the medical review process, until the review of records and determination is finalized, and insurance payments are either approved or denied, we ask that you continue to make regular monthly payments on your account.

During the time that your insurance is reviewing medical records, in order to keep your child's regularly scheduled weekly appointment, your child must continue to attend all of the weekly Occupational Therapy sessions. *We cannot hold appointments if your child stops therapy while your insurance completes a review of records.*

If you decide to stop therapy during an insurance review of medical records and then return after the review is completed; your child will not go back on the waiting list to be scheduled. We will work with you to schedule therapy for your child with the same therapist, in the first available open appointment. However, we cannot guarantee the original appointment day or time will be available upon your return to therapy.

Cancellations for more than 2 weeks:

If you must cancel your child's ongoing therapy appointments for more than 2 weeks (either consecutive or non-consecutive) it is our office policy to hold the appointment for 2 weeks and require payment for the 3rd session plus any additional missed sessions to hold the appointment. The fee to hold an appointment is 50% of the hourly rate and it cannot be submitted or billed to insurance.

If you will be away from therapy for more than 2 weeks and choose not to pay to hold the appointment, when you are ready to resume therapy, we will schedule as quickly as we can with the same therapist. However, we cannot guarantee the original appointment day or time will be available when you return.

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Standard Billing Procedures and Cancellation Policy:

Charges are posted to your account on a bi-monthly basis, approximately the 1st and 15th of each month. Insurance claims are submitted at the time that the charges are posted to your account.

If you have a credit card on file for automatic monthly billing and to receive a 10% cash discount, your credit card will be billed once per month and the 10% cash discount applied to the entire month's charges. In this case you will not receive a statement but will receive a receipt for payment.

If we are submitting claims to insurance, you will not receive a statement for dates of service submitted to insurance until your insurance has processed the claims. Statements are sent after claims are processed through insurance. Insurance typically takes 4-6 weeks to process claims. Statements should be mailed approximately every two to three months.

If you have a credit card on file to cover the balance after insurance; we will first submit claims to insurance, when received we will process the explanation of benefits and then automatically charge your credit card for the balance due per your insurance. We do not offer a 10% cash discount when your credit card is set up to pay the balance after insurance. You will not receive a statement for services processed through insurance and balance paid automatically by your credit card on file. You will receive a receipt for your personal payment. *Please check your explanation of benefits from insurance to confirm how the claims were processed.*

If you have billing questions or concerns, please call the main office (206-367-5853). You are also welcome to email your billing questions to pedptot@comcast.net. We will respond to your billing concerns promptly. If you reach our voice mail, we will return your call as quickly as possible.

We have a standard 72-hour cancellation policy that requires notification of at least 72 hours prior to your scheduled appointment to avoid being charged for the missed appointment.

- *You will be charged for any cancellations and/or missed appointments with less than 72-hour notice prior to the missed appointment time unless the cancellation is due to illness or emergency. We do not charge for missed appointments due to illness or emergency.*
- *The missed appointment charge is 50% of your regularly hourly therapy rate and missed appointment charges **cannot** be submitted or billed to your insurance.*

We hope this information is helpful. Please contact us with any further questions.

We look forward to working with you,

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