Dynamic THERAPIES
Occupational Therapy
Physical Therapy
Speech Therapy

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POLICIES & PROCEDURES

SCHEDULING: In choosing a therapist, our objective is to assign a therapist that will best suit the patient's needs. However, we also have to take into account therapists' caseloads. For all these reasons, the therapist that evaluates or first assesses the patient may not be the same as the one that will be designated for ongoing treatment. Treatment will be scheduled based on the availability of the therapist, the patient and or family, and the days and times requested. Although we will try our best to accommodate schedule changes, we cannot guarantee them. When a therapist is absent due to vacation, meetings or illness your child will be assigned to an available therapist to maintain your scheduled appointment.

PARKING: Visitors may only park in the stalls labeled "visitor parking". While some of these stalls are located immediately behind the building, most are located on the top floor of the parking structure by the east wall. There are also 2 handicapped parking spaces by the building's entrance. You may park on the street, where permitted. Street parking is free and has no limitations during the day. The management of the building may have your vehicle ticketed and or towed if it is not parked where designated.

ARRIVAL AND PICK-UP: For the patient to achieve maximum benefit from therapy, it is essential that he/she **arrive on time**. Please notify the office staff that you have arrived and sign in at the front office counter. The office staff may give you additional paperwork to complete if needed. Please check and address your child's toilet needs before signing in for therapy. We recommend that you arrive 5-10 minutes early so you can use our restroom facilities if needed.

If the patient is a child or a person needing a caretaker: As another person is scheduled right after the patient, it is also extremely important for the patient be **picked up on time** (keep in mind the therapy session duration—ask the front office if you are uncertain). If a pattern of lateness persists, you may be charged $1 per minute and or services may be terminated. If you must leave during the therapy session, we ask that you be available via telephone. The patient will be brought out after therapy. At that time, the therapist will assist with the patient's transition and discuss the treatment. Please feel free to ask any brief questions. If you have questions and or concerns that require more than a few minutes, please let the therapist know in advance so that the next session can be ended earlier to make time for a longer discussion.

While outside the clinic and in the waiting room, you are fully responsible for the care and supervision of all children under your care. For the safety of children, please prevent them from playing with metal blinds and plant, and from standing on the couch, chairs, and or table. **FOOD AND DRINKS ARE NOT ALLOWED IN THE WAITING ROOM**. Please be advised that children are not permitted to climb on outside planters. For safety reasons and out of respect for others business in the building, playing, running, and use of excessive noise in common outside and inside areas of the building are not permitted. If a child needs a diaper change, please take him/her into the restrooms where there is a changing table.

The building owners prohibit loitering in the lobby of the building, as well as outside areas. This includes leaving unattended property and sitting on the floor. If you need to store a walker, wheel chair, stroller or car seat during a therapy session, please ask the front office where you can store it.

THERAPY: Typically, occupational, physical and or speech therapy sessions are 30, 45 or 50 minutes long, and are provided by licensed occupational, physical and or speech therapists. Treatment might also be provided by a supervised occupational, physical, and or speech therapy assistant or a graduate student of occupational, physical, and or speech therapy. Five to ten minutes are reserved for documentation. Please be aware that there are times when a therapist will not provide direct treatment but will provide indirect treatment instead. Indirect treatment includes, but is not limited to talking to the parent, caregiver, doctor, etc., time preparing a home or school program, preparing a report (1 hour maximum) or letter. <u>If your therapist spends time treating indirectly, the patient's direct therapy time may be reduced.</u>

If your insurance plan is Anthem PPO/POS/EPO then the treatment time will be 30 minutes including treatment, education, and documentation. We will be offering **"Bridge Therapy**" for patients who would like to have therapy sessions totaling 45 minutes, versus 30 minutes. This 15-minute therapy session will be private pay at the cost of $30.00 per session. Payment for the "Bridge Therapy Program" will be due on the day of service and parents must sign up for this program with the front office after consultation with the evaluating and/or treating therapist.

During the therapy session at home, the parent or caregiver needs to be available during all treatment sessions. When at the clinic, they must be physically present or available via telephone; this is to encourage and promote carry-over during the treatment sessions. Patients, parents or caretakers should be aware that treatment sessions include direct handling, positioning, facilitation and stimulation of the whole body, including oral-facial area, and the patient might cry or become upset.

THERAPY CONTINUED

Parents or caretakers are asked to participate and or observe in therapy sessions for learning purposes, as well as to help the patient with transitioning in and out of therapy. Some patients may require the parents'/caretakers' presence more often. It's up to the patient, caretaker and therapist to determine if the presence of others in the therapy area is needed. To protect the privacy of other patients, it is asked that if caretakers participate in the patient's therapy, they do so *closely*. Please notify the front office before going inside the treatment area.

For liability and safety concerns, no one is allowed in any treatment area without a therapist, clinical equipment is not allowed in the waiting room, and no one is allowed to use any of the equipment at any time without the supervision of a therapist.

CLINICAL FIELDWORK PROGRAMS: Dynamic Therapies, Inc. may accept occupational, physical, and or speech therapy students from accredited universities to complete their clinical fieldwork. Often, their clinical program with us is their last before taking their board exams to become licensed therapists. All graduate students are working on their Master's or Doctorate in occupational, physical, and or speech therapy.

Clinical fieldwork is generally 6-16 weeks long and is closely supervised by licensed therapists. If a therapist is supervising a student, the patient and or family will be notified of the student's involvement in therapy. It is likely that the student will participate closely in all aspects of the patient's treatment. We thank you for your support in this matter, as these fieldwork clinical programs allow Dynamic Therapies, Inc. to promote excellence in clinical practice while maintaining the high standards of the occupational, physical and speech therapy professions.

CANCELLATIONS AND MAKE-UPS: If you need to cancel an appointment, **please notify the office at least 48 hours before the appointment**. If the patient cannot be rescheduled with his/her therapist, an appointment with another therapist will be offered. Please do not hesitate to make an appointment with another therapist. It is beneficial for the patient to occasionally be seen by a different therapist, as this offers the regular therapist input from a colleague resulting in better treatment planning for the patient.

For all funding sources, our cancelation fee will be $50.00 if the therapy session is **canceled less than 48 hours before the scheduled appointment <u>for any reason</u>.** If the patient does not show-up to an appointment and or the caregiver does not notify us on time, the financially responsible party will be responsible for our fee of $50.00, which will be due before the next therapy session. This cancelation fee will be waived if you reschedule the appointment later that day or within the same calendar week, at any available time and with any available therapist. **<u>If a continuous pattern of cancellations occurs (whether we are notified of the cancellation or not notified), the patient may be discontinued from therapy or placed on a waiting list. Persistent absences do not help the patient and prevent therapists from seeing other patients in need.</u>**

Regional center/School districts require that we notify them in writing when absences exceed 3 therapy sessions. Furthermore, make-up sessions can only be scheduled within the same calendar month in which the original appointment was scheduled.

VACATIONS AND EXTENDED ABSENCES: We define extended absences as the absence of two or more consecutive treatment sessions for reasons such as: vacations, hospitalization, therapeutic or community programs, etc. If the patient is going to miss two or more appointments, please notify Dynamic Therapies, Inc. at least two weeks in advance, or as soon as possible.

If there is an extended absence, Dynamic Therapies, Inc. will not be able to keep the appointment open. To guarantee that the patient's scheduled time is saved, all sessions that will be missed must be paid ahead of time. If this is not feasible and the patient's attendance is consistent, Dynamic Therapies, Inc. will consider him/her a priority if/when the time becomes available. We truly wish we could keep the patient's therapy schedule available; however, this is not economically feasible, nor fair to others in need.

TERMINATION OF THERAPY SERVICES: If a continuous pattern of absences and or lateness occurs, the patient may be discontinued from therapy. Persistent absences do not help the patient and prevent therapists from seeing other patients in need. Dynamic Therapies, Inc. will notify the regional center, school district and or physician when a child's absences exceed 3 therapy sessions.

STARTING TREATMENT AND FINANCIAL RESPONSIBILITY

Regional Centers: To start treatment, we must have an evaluation or progress report dated within the last 3 months, including goals. We must also have a "Request for Authorization" or an "Authorization to Purchase Services" form prior to implementing therapy services. Both of the above-mentioned items are usually furnished to us by the regional center, but we may ask you for a copy of the recent evaluation or progress report to expedite the process. No payments are due from you, unless you have cancelled without notice. See "Cancellation and Make-ups" section for more information.

School Districts: To start treatment, we must have a recent evaluation or progress report in file. We must also have a signed Individual Service Agreement/Contract (or Request for Services) as well as a copy of the latest IEP (Individualized Education Program) with goals. These are usually furnished to us by the school district, but we may ask you for a copy of the IEP to expedite the process. School districts do not fund therapy services during school vacations and holidays, or when the patient is absent from school.

STARTING TREATMENT AND FINANCIAL RESPONSIBILITY: SCHOOL DISTRICTS CONTINUED

We will cancel the patient's therapy during these times. If you wish to continue the patient's therapy during school vacations or school holidays, you may pay us (ahead of time) our private hourly rate for all those sessions. Please notify us at least 2 weeks in advance. No payments are due from you, unless you have cancelled without notice. See "Cancellation and Make-ups" section for more information.

Insurance Companies, PPO/POS/EPO Plans: To start services, we must have a referral from the doctor, in the form of a prescription, dated within the last 6 months. The prescription must include the patient's name, date of birth, diagnosis (ICD-10), description of services requested and the doctor's signature. We must also obtain a copy of the patient's insurance card, and must have an eligibility check, done by Dynamic Therapies, Inc., in-file before scheduling. To start treatment, we must also have an evaluation or progress report dated within the last 3 months, including goals. Please see our "Financial Agreement" for more details of your financial responsibility.

Insurance Companies, HMO Plans: To start services, we must have a valid authorization with a diagnosis (ICD-10) from the patient's HMO plan. We must also obtain a copy of the patient's insurance card, and must have an eligibility check, done by Dynamic Therapies, Inc., in-file before scheduling. To start treatment, we must also have an evaluation or progress report dated within the last 3 months, including goals. Please see our "Financial Agreement" for more details of your financial responsibility.

Private Pay: To start treatment, we must have a referral from the doctor, in the form of a prescription, dated within the last 6 months. The prescription must include the patient's name, date of birth, diagnosis, description of services requested and the doctor's signature. We must also have an evaluation or progress report dated within the last 3 months, including goals. **All payments are due before the service is provided.** You hereby agree that for services to be rendered by Dynamic Therapies, Inc., you will be fully responsible for payments due and shall make prompt payments as bills are presented.

OTHER FINANCIAL RESPONSIBILITY INFORMATION

If you pay for something, a receipt will always be provided to you. If you lose your receipt, there will be a $2.00 fee for each receipt you require a copy of. If you require a more detailed receipt, please let the front office know at the time of the service. If you require a more detailed receipt after the service has been provided, there will be a $3.00 charge for each receipt you require.

You are personally responsible for payment for any supplies and or equipment you or the patient receives, such as weights, cervical collars, orthotics, gym balls, tape, etc. Payment for these items is due at the time you order them.

If your check is returned by the bank as unpaid, we will charge you a $30.00 returned check fee.

We accept cash, checks and credit cards (visa, master card and discovery). American Express is not accepted at this time.

You agree to pay interest of 1.5% or more (legal rate) should the account become delinquent, and if it becomes necessary for the account to be referred to an attorney for collection, you shall pay the actual attorney's fees and collection expenses.

Families who are eligible for Regional Center Services may contact their Service Coordinator, at their own discretion, to inquire about co-payment and/or co-insurance assistance.

SIGNATURE

I have read and understand each of the above sections. I have addressed any concerns with a member of Dynamic Therapies, Inc's staff. As the policies and procedures above are essential to the functioning of Dynamic Therapies, Inc., I further understand that by not signing this form, services will be refused. For future reference, a copy of Dynamic Therapies, Inc.'s **Policies & Procedures, Edition 02/2026** has been provided to me. If the name of the patient is different from the person signing, I hereby affirm that I am legally responsible for the patient.

Original Signature in Dynamic Therapies' File