

Dear Parents and Caregivers,

Thank you for choosing Swedish Pediatric Therapy Services. We look forward to serving you and your child.

Please note the following pages that are included in this packet. There is an itinerary of your upcoming appointment(s), as well as a Medical History Intake Form that we ask you to fill out at home and bring with you to your child's first appointment.

Additionally, our attendance/cancellation policy is included. We ask you to please review this information. Please make attendance a top priority. With our increase in growth and the identified needs for therapy in our community, we need to be as efficient as possible so that all who seek our services may receive them. The best outcomes occur with consistent attendance.

Thank you once again for allowing Pediatric Therapy Services the opportunity to serve you and your family.

Sincerely,

Shana Nielsen, OTR/L  
Manager  
Swedish Pediatric Therapy Services



# Welcome to **Swedish Pediatric Therapy Services**

**W**e are pleased that you have chosen Pediatric Therapy Services at Swedish Medical Center for the care of your child.

We strive to provide the highest quality speech-language, occupational and physical therapy to children of all ages. We also want to provide an environment that fosters the health and well-being of our families and children. In doing so, we have created an orientation to our department to facilitate the least restrictive environment while delivering the highest quality and best value health care to all we serve.

## **Registration and check-in**

Upon your first visit, we ask that you arrive 30 minutes prior to your scheduled appointment time to check-in. Patient registration will require taking a copy of your insurance card and ask you to sign a consent-for-services document.

We ask that you check in at our registration desk for every single therapy appointment, where you will be asked if there are any changes to your child's personal information, e.g., address, allergies, medical diagnosis or insurance information. Please let us know **IMMEDIATELY** if you have a mailing address or an insurance change so that we can ensure accurate processing of your bill. It is important that you let us know of any changes to your information. Should your insurance coverage change for any reason, you will be required to open a new account with the registration staff. **Failure to notify us of these changes as soon as they occur may result in errors in the billing process.**

## **Upon your arrival at Pediatric Therapy Services**

Please have a seat in our waiting room. It is important that you and your family remain in the waiting room until your therapist comes to pick up your child. Your child's therapist will be paged and notified of your arrival. Please inform the front desk staff if you have waited 10 minutes past your appointment time. Please keep all personal items with you at all times.

## **Financial information**

At the time of scheduling, we will ask for your insurance information. We will then contact your insurance company to obtain authorization for services. We are unable to confirm benefits, and therefore ask that you contact your insurance company directly to fully understand your coverage plan. Should you have additional questions regarding your bill, please call Customer Service and Financial Services at 206-855-4985 or toll free at 1-888-294-9333.

## **Patient privacy**

In accordance with the laws surrounding Health Information Practices, we will ask you to sign a RELEASE OF INFORMATION form prior to exchanging any information about your child's health/medical or therapy records. If you are interested in receiving a copy of your child's evaluation, you may request it through our Health Information Management department. We will be glad to assist you with this request.

## **Clinic hours and location**

Pediatric Therapy Services is located in the Nordstrom Tower on Swedish Medical Center's First Hill campus. We are located on the 15th floor. Our hours of operation are Monday through Friday, 7:30 a.m. to 6 p.m. We are closed the following holidays: Thanksgiving Day, Christmas Day, New Year's Day, President's Day, Memorial Day, Independence Day and Labor Day. In the event of snow or other adverse weather, we will call to inform you of any schedule changes for your child's therapy. We do NOT follow the same cancellation or holiday schedule as the Seattle School District.

## **Cancellation and no-show policy**

- We ask that our families commit to an 85% attendance record. There is a significant wait list for children needing to receive therapy services in our community at this time.
- Please be sure to cancel any therapy sessions at least 24 hours in advance of scheduled sessions. Please contact our main phone line at 206-386-3592 to cancel or reschedule your appointment. If you get our voice mailbox, please leave a message and we will return your call as soon as possible.
- If you fail to show or cancel your appointment, you will be contacted to be rescheduled. If you have three consecutive no-shows, we will require you to obtain a new referral prior to restarting therapy.
- If your therapist becomes ill unexpectedly, we will make every effort to contact you by 8:15 a.m. and attempt to reschedule. **Please leave a phone number that you can be reliably reached in the event that a phone call is needed.**

(over)

### Family support services coordination

We are happy to provide information regarding additional resources available within the Swedish system and your local community. This may include additional information for community programs, school support and services. For questions related to family support coordination, you may contact our family support coordinator at 206-386-6818.

### Illness policy and maintaining a clean environment

- Hand washing is the number one way to prevent the spread of infection. There is a family restroom in the lobby. We encourage you to use it prior to entering the therapy department. Hand-washing stations are available in most therapy rooms as well.
- We ask that all diaper changing take place in the family bathroom. If your child requires other accommodations for diaper changes, please ask a staff member to provide an alternate area.
- Please note that all of our toys and mats are cleaned after each child's session.
- To further assist us in maintaining a clean and sanitary environment, each patient should remove their shoes and place them in the shoe cubby in the waiting area. Pediatric socks are available if needed or preferred. We also ask that any caregivers that accompany their children to the treatment rooms wear socks or shoe covers that are located in the shoe cubby. The shoe covers may be placed directly over your shoes. Please ask any available staff member if you have questions concerning this policy.
- If you or your child has had a FEVER or vomited within 24 hours prior to your appointment, or has been exposed to a contagious disease, we ask that you call to cancel or reschedule your appointment. Many of our patients are children with compromised immune systems and are at high risk for catching illnesses. Thank you for being respectful of the health of those you and your child come in contact with while you are at Swedish.

### Waiting room

- We encourage your participation during therapy sessions; however, there are times when the presence of the parents or siblings may be disruptive to the therapy session. During these times, we encourage and prefer that you and your

family use the waiting room. We also request that you remain in the waiting room for the duration of the therapy session. If an emergency should occur with your child, we want to be able to reach you as quickly as possible.

- We strive for family-centered care and realize that our patients have siblings/cousins/friends that may need to attend their therapy sessions with you and your child. Please keep a watchful eye on these children. Our focus for the sessions is on the child receiving the therapy. While other children can often motivate your child, please note that if their presence leads to a less-optimal therapy environment, the children and adult(s) will be asked to return to the waiting room. For the safety and protection of everyone, if you need to join your child's therapy session already in progress, a staff member will escort you to meet them.
- We ask that phone calls be taken in the hallway near the elevators and NOT in the waiting room. There is a phone available at the front desk for emergency use.

### Parking and transportation options

Parking is available in the Nordstrom Tower garage or at metered parking on surrounding streets. We regret that we are unable to provide validation for parking at this time. DSHS eligible families, who are interested in transportation, may contact Hopelink at 1-800-923-7433 to schedule rides to and from appointments. Swedish Pediatric Therapy Services is also accessible by Metro bus routes. Schedules can be obtained by calling Metro at 1-800-325-6165 or online at [kingcounty.gov/depts/transportation/metro.aspx](http://kingcounty.gov/depts/transportation/metro.aspx).

*We thank you for choosing Pediatric Therapy Services at Swedish Medical Center for your child's therapy services. We look forward to serving you and your family. Please let us know how we can make your visit a positive experience.*

Swedish Medical Center is a nonprofit organization. This means that any money remaining, after expenses, is invested into improving services provided to our patients. If you or someone you know is interested in supporting Swedish Pediatric Therapy Services specifically, our office staff will be happy to provide information on how to do so. Thank you.



We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711)

SWEDISH CARES FOR KIDS

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# Attendance Policy and Contract

## Swedish Pediatric Therapy Services

Date: \_\_\_\_\_

To the caregivers of: \_\_\_\_\_,

This is a letter to inform you of our attendance policy.

We request a commitment of an 85% or greater attendance rate for each discipline and ask that this contract be signed to acknowledge your understanding of needing to attend on a regular basis.

We ask that you arrive in a timely manner for each visit. Arriving late makes it difficult for us to achieve the goals we have established for your child.

There are occasions when cancelling an appointment is necessary. We request that you provide us with 24 hours' notice.

Limited attendance, missing scheduled appointments or persistent tardiness indicates to us that your family is not able to commit to ongoing therapy services at this time. Lack of attendance to therapy will result in a delay of progress for your child. If attendance continues to be an issue, we will fill your therapy time slot with a patient who is able to commit. Please speak with your child's therapist or our front office personnel if the current schedule does not meet your family's need. We will make an effort to adjust your child's therapy time if possible.

I acknowledge that I have reviewed the Attendance Policy and Contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Payment Options and Financial Agreement

## Swedish Pediatric Therapy Services

Dear Families,

Many of our patients and families have been affected by insurance policy changes in the past few months. We want to remind you that we are unable to **guarantee benefits for your child** and we continue to ask that you contact your insurance company to confirm your family's coverage details, including coverage for speech, occupational and physical therapy.

It is important to clarify with your insurance plan that **neurodevelopmental** coverage is included. Often times "rehabilitation coverage" includes occupational, physical and speech therapy services following an injury/accident. It may not include coverage for developmental evaluations and treatment. If you find that coverage is not available or there is concern about whether or not therapy services are covered, we would like to make you aware of the following options available to you and your family:

- **Uninsured discount:** If your coverage is denied, services not covered or benefits have been exhausted, you qualify to receive an automatic 30% discount off the balance of your bill.
- Patients may also be eligible for a "Prompt Pay Discount" if they call our billing department customer service line within the first 60 days of receipt of the first medical bill/statement. This discount is available on a sliding scale, based on your balance and account standing. Please call our customer service line at 206-320-5300 for more information regarding this program.

Thank you for acknowledging receipt and understanding of this information. **Please sign and bring this document with you to your child's appointment.**

As always, we thank you for choosing Swedish Pediatric Therapy Services to care for your child.

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date



PEDIATRIC REGISTRATION FORM

Minor/Child Information

Form for Minor/Child Information with fields for Last name, First name, Middle Name, Sex, Birth Date, Social Security #, Street Address, City, State, Zip Code, Language, Need Interpreter, Ethnicity, Race, Home Phone, Emergency Contact Name & Relationship, Referring Physician, Referring Physician Clinic and phone number, Primary Care Physician.

Parent/Legal Guardian

Form for Parent/Legal Guardian with fields for Last name, First name, Middle Name, Alias or Maiden Name, Sex, Birth Date, Social Security #, Marital Status, Street Address (if different than above), City, State, Zip Code, Language, Need Interpreter, Ethnicity, Race, Home Phone, Work Phone, Cell Phone, Employer Name, Occupation, Policy Holder for patient.

Primary Insurance

Form for Primary Insurance with fields for Insurance Company Name, Group Number, Subscriber ID Number, Copay, Subscribers Name, Social Security Number, Date of Birth, Relationship to Patient, Subscribers Employer Name, Subscribers Home Phone, Subscribers Work Phone, Does Your Insurance Require a Referral.

Secondary Insurance

Form for Secondary Insurance with fields for Insurance Company Name, Group Number, Subscriber ID Number, Copay, Subscribers Name, Social Security Number, Date of Birth, Relationship to Patient, Subscribers Employer Name, Subscribers Home Phone, Subscribers Work Phone.

CONSENT TO CARE:

I consent to the plan of care proposed by the providers in this clinic. I understand that I, or my authorized representative, have the right to decide whether to accept or refuse this plan of care.

NOTIFICATION OF RELEASE FOR PAYMENT:

I understand that the Swedish Medical Group will disclose any diagnosis and pertinent information to the extent required to assure payment from insurance companies and any liable third party payers.

Parent/Legal Guardian Initial

FINANCIAL AGREEMENT:

I understand co-payments are due at the time of service. I assign payment from my insurance directly to the Swedish Medical Group. I understand I am financially responsible to the Swedish Medical Group for the charges not paid by insurance.

Parent/Legal Guardian Initial

RECEIPT OF NOTICE OF HEALTH INFORMATION PRACTICES:

I have received a copy of the Swedish Medical Group Notice of Health Information Practices which provides information about how my health information may be used and disclosed.

Parent/Legal Guardian Initial

I have read the above and understand its contents:

Date: \_\_\_\_\_

- Insurance card scanned
Drivers license/picture ID scanned

Parent or Legal Guardian Signature: \_\_\_\_\_