

Today's Date: _____

Patient Information

Patient name: _____ DOB: ____ / ____ / ____ Sex: M F
(last) (first) (Middle)

Address: _____
(street) (city) (state) (zip)

Phone: (____) _____ (____) _____ Soc. Sec. #: _____
(Home) (Cell)

Do we have permission to: Y / N Leave a message regarding treatment on your voicemail at home and cell phone?
Y / N Discuss treatment with another family member? If so, whom _____

Language: English Spanish Other _____ Email Address: _____

Primary Care Phys: _____ Phone:(____) _____ Fax:(____) _____

How did you hear about us? _____

Reason for referral/Current concern(s): _____

Have you received Speech Therapy in the past? If so, when and where? _____

Current Medications: _____

Known Allergies: _____

Date of first symptom: _____ Dates unable to work: _____

Guarantor Information

Name: _____ DOB: ____ / ____ / ____ Relation: _____

Address: _____
(street) (city) (state) (zip)

Phone:(____) _____ (____) _____ Email: _____
(Home) (Cell)

Employer: _____ Work phone: (____) _____

Employer Address: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: (____) _____ Secondary phone: (____) _____

Central Texas Speech Pathology Services, Inc.

South Office • 2525 Wallingwood Drive • Building 2 • Austin, Texas • 78746
North Office • 8500 Bluffstone Cove • Building B • Suite 105 • Austin, Texas 78759
Phone: (512) 327-6179 • Fax: (512) 327-1545

Insurance Information

Company: _____ Phone: _____

Address: _____

Member ID#: _____ Group #: _____ Effective Date: _____

Insured's name: _____ DOB: ____/____/____

Soc. Sec. #: _____ Relationship to Patient: _____

Employer: _____ Type of Plan: _____

Is there a secondary insurance company? Yes No

Secondary Company: _____ Phone: _____

Address: _____

Member ID: _____ Group #: _____ Effective Date: _____

Insured's name: _____ DOB: ____/____/____

Soc. Sec. #: _____ Relationship to Patient: _____

Employer: _____ Type of Plan: _____

Medicaid Information (if applicable)

Amerigroup Superior Medicaid Patient ID: _____

Private Insurance? Yes (see above) No

Does your child attend a Child Inc. Facility? Yes No

Daycare, school, or Child Inc. facility your child attends: _____

Address: _____ Phone: (____) _____

Director/Teacher Name(s): _____

By signing below I am stating I/my child has no other insurance than listed above and the information provided is accurate to the best of my knowledge. I understand that if I/my child becomes active with any other insurance I will notify CTSPS within 30 days, or I will be responsible for any balance due on my account.

Signature (parent if minor)

Date

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Central Texas
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Client Services Contract

Consent To Treat and Release Records

As the patient or the patient's legal representative, I understand that my signature below gives my consent for treatment provided by Central Texas Speech Pathology Services, Inc. Further, I acknowledge that a copy of my insurance card, if applicable, will be retained in the patient chart. CTSPS, Inc. may share and disclose private health information only to my referring physician and my insurance company unless an additional Release of Information has been signed.

Scheduling

Your scheduled therapy time with a licensed speech-language pathologist is reserved exclusively for you. A great deal of time and effort is spent preparing for each therapy session. If you must cancel a therapy session, we request that you provide us with 24 hours advance notice. Late cancellations and no-shows are subject to a \$45.00 fee. Extenuating circumstances are considered on a case-by-case basis.

There will be times when your speech pathologist will need to cancel therapy. When notified, you will have the opportunity to re-schedule or cancel the session with no charge to you.

Please be on time for your appointment. If you are late for an appointment, it may be necessary to shorten the therapy session in respect for others' reserved appointment times. Your charge will be unchanged.



Central Texas Speech Pathology Services, Inc.

Payment Options

Payment is due at the time services are rendered. We accept insurance, cash, checks, and credit cards for services. Checks should be made out to Central Texas Speech Pathology Services, Inc. Insurance coverage is verified as a courtesy to you. You will be expected to pay your copayment, co-insurance, or deductible amount as indicated by insurance estimate and as verified in the Explanation of Benefits. Unless you have elected to put a credit card on file, payment is due at each visit. Processing of insurance does not relieve you of your financial responsibility.

Patients without insurance verification must pay in full at the time services are rendered.

Patients may elect to leave their credit card on file with the office manager to be charged weekly. If you are interested in this option, please ask a staff member for a credit card authorization form.

Returned Checks

Bank returned checks will be charged \$30 processing fee.

Financial Responsibility

I understand that I am financially responsible for all charges provided for evaluation, therapy and consultation services.

Initial insurance/financial estimates are provided by CTSPS, Inc. and are only estimates. Additional codes may be billed at the first appointment that are not included in the initial estimate of financial responsibility. Final coding is received from the speech pathologist at the end of each session. Your final amount due is dependent upon final insurance processing of each claim.



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Claims are filed as a courtesy. Every effort will be made to collect insurance payment for services rendered at this clinic, but if charges are denied either in full or in part, the patient/guarantor must pay the full account balance.

Assignment of Benefits

I authorize payment of any and all benefits from my insurance directly to Central Texas Speech Pathology Services, Inc.

Notice of Information Practices and Privacy Statement

My signature on the Client Services Contract acknowledges that I have reviewed, understand and agree to the privacy policy practices of CTSPS, Inc. The Information Practices and Privacy Statement is posted in the office waiting room and copies are available upon request.

I have read and understand the provisions of the Client Services Contract and, by signing below, agree to my responsibilities.

Signature of Parent/Guardian/Patient

Date

Notice of Information Practices and Privacy Statement

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2525 Wallingwood Drive, Bldg. 2, Austin, Texas 78746
8500 Bluffstone Cove, Bldg. B, Suite 105, Austin, Texas 78759
Ph: 512-327-6179 Fax: 512-327-1545

How We Collect Information About You: Central Texas Speech Pathology Services, Inc. and its employees and contractors collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between CTSPS, Inc. and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices, medications, insurance, etc.

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page (www.centraltexaspeech.com) that simply records the number of visitors and no other data.

Complaints:

****HIPAA complaints may be directed to CTSPS, Inc. Privacy Officer, Donetta Nagle at (512) 327-6179.**

The State Board of Examiners for Speech-Language Pathology and Audiology was created administratively within the Department of State Health Services (DSHS). Complaints are filed with the Investigations and Quality Assurance Unit.

An individual who wishes to file a complaint against a speech-language pathologist, audiologist, intern, or assistant may call 1-800-942-5540 or write to: Complaints Management and Investigative Section

P.O. Box 141369
Austin, Texas 78714-1369

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Early Childhood Intervention Services

The State of Texas mandates that all patients be informed of the Early Childhood Intervention Program, a statewide program for families with children, birth to three, with disabilities and developmental delays. The ECI Program has certain eligibility requirements specific to the program. Services are provided by a variety of local agencies and organizations across Texas. If you are interested in more information or a referral to ECI for your child, you may call the DARS inquiry line at (800) 628-5115.

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