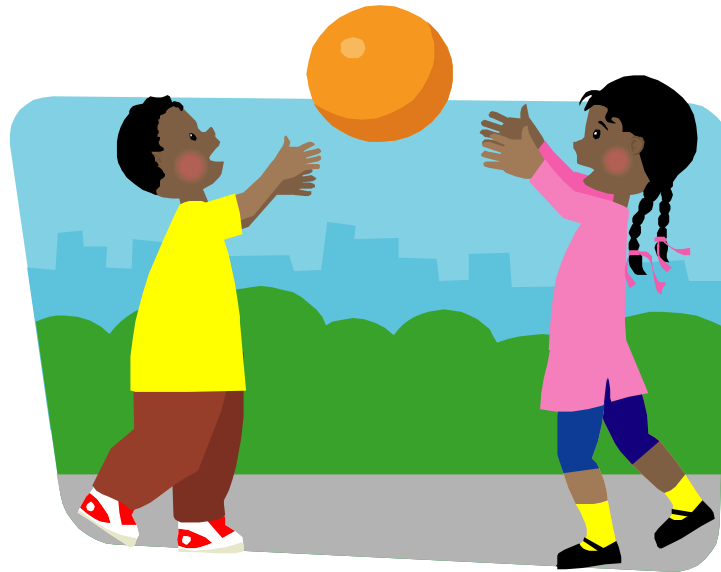


PAY ATTENTION TO ATTENTION INFORMATION AND REGISTRATION PACKET

Jeff Sosne, Ph.D.



This class is designed for elementary aged children with primary weaknesses in effortful/executive/”everyday” attention. There are eight 60 minute student sessions and two additional parent meetings. Student sessions are billable to health insurance. The cost of the group is \$400. Please note: Children with self-control/attention problems are better served in the AD/HD Beginner’s Group. Please check the class calendar for meeting dates.

Frequently Asked Questions About the Pay Attention to Attention Group

How are the groups set? There are 8 group meetings for the children. Parents observe the sessions through a two-way mirror. There are 2 parent-only evening sessions the children do not attend. These are held on two Monday evenings throughout the group program.

What is the cost of the group? The 8 group sessions (60 minutes each) are \$320.00 and may be insurance reimbursable. The 2 parent evenings are \$80. These meetings cannot be billed to insurance.

What if we miss one? The program is considered a “package” service. There is no credit for group sessions or parent meetings that are missed and CANNOT be billed to your health insurance. Handouts for the missed session can be obtained at a later visit.

What if I decide the group is not for my child? If you decide the group program is not right for your child before the third session, you will not be charged for any additional sessions. Once a family has begun the third session, they have made a commitment to the program and will be billed for all subsequent sessions/meetings unless we agree that it is not in the student’s best interest to continue.

Do you bill insurance? Our office is contracted to bill certain insurance companies. Please refer to the Financial Information sheet for a list of the insurance companies we currently bill or contact the billing office at (503) 452-0307. Remember, billing insurance is not a guarantee of payment. Sessions missed for any reason cannot be billed to insurance and the fee for that session (\$40) is owed.

My insurance requires pre-authorization. Will you call them or fill out the necessary paperwork? Not without an appointment. If your insurance company requires pre-authorization and they are unwilling to pre-certify with the information already provided to you, you may schedule an appointment to complete the treatment planning. At that time, the authorization will be requested via phone or letter. These appointments are scheduled for 50 minutes at the treatment-planning rate of \$150.00.

What about bad weather? In case of inclement weather, please call the office (503) 452-8002, Option #2 to check if group will be held. We request an email address for each family so we can communicate information in this way as well.

Dear Parents:

We are excited to have gotten things started! Here are some important details that we want you to consider.

MEETINGS

1. Please arrive promptly so that the group will not be disrupted by children entering late.
2. Parent meetings will be on selected Monday evenings. Please refer to the group calendar for dates/times.
3. ALL FAMILIES ARE ASKED TO PROVIDE AN EMAIL ADDRESS for contact purposes.

BILLING

1. You should have already received forms that need to be completed and returned so your child can participate in the group program.
2. Please follow the steps on the Financial Information form. Families not paying in full for the group program **MUST PROVIDE A CREDIT CARD NUMBER** in order to register their child.
3. Although we bill by session we consider the group a “package” service. Sessions not attended cannot be made-up nor billed to health insurance. We will make handouts from parent meetings available to families that cannot attend.
4. Some insurance companies will ask for written information regarding the children. Although we will not be writing reports, we will provide the carrier with a description of the group, the dates of the sessions, and your child’s diagnosis. Additional treatment planning will require a treatment session with Dr. Sosne.
5. Many families have asked that we consult with the school or meet with them individually. Although we are interested in helping in whatever way we can, these services are beyond the scope of the group. There would, therefore, be an additional charge. If you have any questions regarding billing or charges, please direct them to Jeff.
6. Although this rarely has happened, it is possible you or we will decide that the group is not appropriate for your child. If this happens before the third child session, there will be no additional charges. Once a family has begun the third session, they have made a commitment to the program and will be billed for all subsequent session unless we agree that is not to the student’s benefit to continue.

C O M M U N I C A T I O N

1. *Please leave all messages, notes, paper work, etc., with the front desk.*
2. Schools and therapists are often interested in what we are doing in group. We invite them to call us. They are welcome to visit the group as long as they schedule the visits in advance and obtain your permission to do so.
3. Many families wish to talk with us at the end of group or after a parent meeting. So do our children, so please try and keep things short or arrange some time through reception to talk by phone. Extended phone calls are not part of the group and will be billed to you directly. These are not insurance reimbursable.

L O G I S T I C S

1. Wait for group to begin outside by the back door. Please remember that there are people working nearby and the children are your responsibility until group begins.
2. Please arrive with and pick-up your children downstairs. We will not allow students to leave the clinic without an adult.
3. We may ask the families to take turns bringing in snacks. If so, we will sign up for snacks during the review time at the first session. We prefer that the snacks be nutritious and easy to distribute (e.g., popcorn, fruit, juice, crackers, cheese, vegetable sticks, etc.)

C O N F I D E N T I A L I T Y

1. Only parents/legal guardians will be allowed to observe without prior authorization. Everything that goes on in group is strictly confidential. We ask that families not discuss the details of other children in the group.
2. Occasionally, we have students and clinicians observe group. This helps to educate the community regarding the needs of children with attention problems. Visitors would never be given information about your children and we would ask that they tell us if they know any of the youngsters in the group. If there is a problem with observers, please let us know.
3. Observing behind a two-way mirror is a unique experience. It is tempting to chat about the kids and the group; we encourage it. Be careful not to interfere with parents who are trying to hear what is being said in group and please remember that what is being discussed behind the mirror is as confidential as what goes on with the kids.

W R A P – U P

1. At the end of each session we have a wrap-up discussion with parents and students. We will ask that the parents ask questions of the group (not a specific child) about the day's session.
2. Please sit near your son or daughter when you come into the room.
3. As part of the wrap-up, a home project will be assigned for the child and family. We ask the parents to encourage the children to work on the home project, but not to feel responsible for getting the child to complete it. Although you are welcome to call other group members, please do not call the clinic to determine what the home project is.

Jeffrey Sosne, Ph.D.
Clinical Psychologist

Parent

Date

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Jeffrey Sosne, Ph.D.
Clinical Psychologist

Parent

Date

Financial Policy for Therapy Groups

We want to clarify billing procedures so you are aware of your financial obligations.

- 1) Your child is the client. Billing is submitted under the child's name.
- 2) Our office maintains a direct billing relationship with many, but not all, health insurance companies.

We bill the companies listed below:

- Aetna (most plans)
- Blue Cross products (unless managed by a third party)
- HMA
- Lifewise
- Managed Healthcare Northwest
- Some ODS Health Plan (Managed Healthcare NW network; some require authorization)
- PacifiCare (requires pre-authorization)
- PacificSource (Managed Healthcare NW Network only)
- Portland Public Schools Health and Welfare Trust
- Providence Health Plans (some policies require pre-authorization)
- Regence Blue Cross of Oregon
- Teamsters Blue Cross
- United HealthCare/United Behavioral Health
- UMR

3) It is important for families to educate themselves about the mental health benefits of their health insurance policies. Please call your insurance company PRIOR to the beginning of any group to determine your coverage. Inquire if your company provides a managed mental health benefit, whether you must meet a deductible, the amount of your co-payment/coinsurance, and whether pre-authorization is required. In most cases pre-authorization is initiated by the family/patient and NOT the primary care physician/pediatrician. Coverage **may exclude** specific diagnoses e.g. Attention Deficit, Autism Spectrum, or a specific service such as group therapy.

4) Most groups include two different activities: Parent Meetings that are not billable to health insurance and Group Therapy Sessions that are insurance reimbursable. Therapy groups are a package. There is no credit for missed parent meetings or group therapy sessions. Please note: missed group sessions cannot be billed to your health insurance and the fee for that session is then owed by the family. The agreement with your insurance carrier is a contract between you, your insurance company and, in some cases, your employer. Please remember, billing insurance is not a guarantee of payment.

5) If we are billing your primary health insurance please complete the following:

- ✓ A Registration form
- ✓ An Information form
- ✓ A Consent for Payment and Healthcare Operations form
- ✓ A photocopy of your health insurance card

Registrations must include a \$250 deposit **AND** Credit Card Information. Incomplete registrations will not be accepted. If you must cancel prior to the first group session your deposit will be refunded minus a \$25 administrative fee.

Our policy is to bill a patient's primary insurance carrier and allow 60 days for the claim to be paid. If a payment has not been received from an insurance company within 60 days, we encourage the patient to contact their insurance company. Please review the Explanation of Benefits your insurance company provides. Accounts unpaid after 60 days are your responsibility.

6) If we are NOT contracted to bill your health insurance, please complete a registration form. **Payment in full** is due at the time of registration. Families using an out-of-network benefit should contact their insurance carrier **prior** to beginning a group. Verify your mental health benefits and whether pre-authorization or treatment planning is required. If an insurance company requires completion of paperwork in order for you to receive reimbursement, you must schedule an appointment with the clinician running the group prior to the first group session. This appointment is billed at a rate of \$150 for a 50-minute session. Please contact our Accounts Manager at (503) 452-0307 to obtain copies of the materials you will need to send a claim to your insurance company along with a guide for self-billing insurance. This information is available after the group has ended.

7) Financial arrangements between divorced parents must be handled independently of the Children's Program. In cases of divorce, the parent seeking service is responsible for the account and must sign the Consent for Payment and Healthcare Operations form. If the other parent holds the insurance, they, too, must sign the Consent for Payment and Healthcare Operations form. This gives us permission to bill the health insurance.

8) Payment can be made with a check, cash, MasterCard, Visa or Discover. Please make checks payable to the Children's Program. We cannot guarantee that your HSA, HRA or Benefits credit card will work in our office. Please call our Billing Office at (503) 452-0307 if you need a printout of your account or to answer any questions.

9) Accounts with unpaid balances after 90 days must be paid to avoid collection action. . We will make every attempt to contact you to settle the balance and reserve the right to use the credit card number on file to settle the balance.

10) In the event of non-payment of charges, the Children's Program shall be entitled to recover all costs and expenses incurred in seeking collection of such charges, including, without limitation, court costs and reasonable attorney's fees, whether such claims are pursued through court proceedings, appellate or bankruptcy proceedings, arbitration, and/or mediation.

TREATMENT CONSENT

WELCOME TO THE CHILDREN'S PROGRAM! We look forward to assisting you with your goals. Here is some important information you should know BEFORE we begin to work with you/your child(ren)/family.

STAFF AND OUR SERVICES: The Children's Program is a private, multidisciplinary clinic. Our clinical staff consists of a licensed developmental/behavioral pediatrician, a consulting psychiatrist, licensed psychologists, licensed professional counselors, and certified educational specialists. We help adults, families and children with social, emotional, developmental, and learning concerns. When you call for an initial appointment we encourage you to formulate questions for us to answer or specific goals you want to accomplish. With that information we will schedule appointments for consultation, evaluation and/or treatment with appropriate staff.

During the first appointment, your clinician will introduce him/herself to you and, at your request, share specifics regarding his/her education and training. You can then further clarify goals and agree how they will be reached. If you have difficulty describing clear goals for treatment, it is important to discuss this with your clinician. We will work with you to meet your/your family's specific needs. It is a collaborative process that is provided without a guarantee of satisfaction or results. You retain the right to request changes in treatment or to end treatment at any time. When medication is recommended, your doctor will discuss the risks, benefits, and alternatives. When accepting a prescription for medication, you agree to follow the prescribing physician's recommendations regarding ALL aspects of treatment. If we recommend referral inside the clinic, information will be shared between clinicians. If we recommend referral outside our clinic, we will attempt to provide you with alternatives.

IF YOU ARE RECEIVING SERVICES UNDER A MANAGED CARE HEALTH INSURANCE CONTRACT, your policy may limit behavioral health coverage to "**medically necessary**" procedures (for acute symptom relief). It is the responsibility of the patient/ family to ensure all necessary preauthorization is current. Your provider has an agreement with your insurance company to provide services within the limitations of these conditions. The managed care company may require a release of information about your treatment to the primary care physician. Your managed care health insurance company hires reviewers to assess the record keeping and functioning of provider offices. As part of this process, they may either send a reviewer to our office to inspect your record or request a copy of your record be sent to their office for review. If this is the case, we will follow all procedures to protect the confidentiality of your record. Your managed care insurance may request that information regarding treatment and/or treatment authorization be transmitted via facsimile or e-mail. If you do not want us to send or receive information in this manner on your behalf please inform your clinician and specify this request in writing. Some concerns you want to address in therapy may not meet the conditions of your insurance coverage. Should you want to receive treatment for a non-covered condition, your therapist will discuss options with you.

The Children's Program will not be a party to any legal proceedings/lawsuits. Our goal is to support clients to achieve therapy goals, not to address legal issues. Clients entering treatment agree not to involve the Children's Program and their treating clinician in legal/court proceedings or attempts to obtain records of treatment/evaluation for use in legal/court proceedings.

CONFIDENTIALITY: The privacy of your evaluation/treatment is important to us. Information shared with clinicians is confidential. The Children's Program maintains a single chart to record the services that are provided. We will maintain your chart for 10 years from the last date of treatment or through age 23, whichever is longer. Information from that record can be shared with other individuals and/or agencies only with your **WRITTEN** consent. When requested, we release evaluation reports, provide treatment plans, and treatment summaries to professionals for clients. We do not release patient notes or test protocols. We can communicate with other professionals on your behalf with your written permission. If you wish us to release or exchange information, you must sign a release to disclose information. This form will specify WHAT INFORMATION is to be shared (for example, written evaluation, treatment plans, etc.), WHO shall receive it, for WHAT purpose, and during WHAT PERIOD of time. In Oregon, 14 years of age is the age for consent to mental health treatment and to disclose/release information. We cannot honor a request to release information received via facsimile except in cases of medical emergency. There may be charges for photocopying and mailing records. In the case of divorce, both parents have equal access to information in the chart of a child under the age of 14. If consultation with other professionals on your behalf is necessary, your anonymity will be preserved.

We may call to remind you of upcoming appointments. Please let us know **EACH** time you schedule an appointment if you **DO NOT** want a reminder call.

ELECTRONIC COMMUNICATION, I.E., E-MAIL/FAX, PRESENTS A POTENTIAL RISK TO PATIENT CONFIDENTIALITY. Email is not a replacement for office visits. While families and patients may find this a convenient way to communicate they must be aware of the risks and discuss them with their clinician. If a patient/family still wishes to assume these risks and communicate with their clinician in this way, they may acknowledge this by signing below and exchanging information with their clinician within a session. Clinically relevant information exchanged by fax/email may become a part of the clinical record.

(please see reverse side)

CONSENT FOR PAYMENT AND HEALTHCARE OPERATIONS

I have read the Children's Program Financial Policy and am aware of my financial responsibility on behalf of:

CLIENT _____ **DOB:** _____

I understand I am financially responsible for all charges. Payment is due in full on the day of service. If the Children's Program agrees to bill insurance, I will pay co-payments, co-insurance or deductibles as required at each visit. I understand billing insurance is not a guarantee of payment. If insurance denies coverage for a service or procedure, I am responsible for these charges.

A billing charge will be assessed on balances after 60 days. Accounts must be paid in full within 90 days.

A CREDIT CARD NUMBER MUST BE ON FILE IF WE ARE BILLING INSURANCE. Charges remaining after 90 days may be charged to avoid further finance or collection fees. The Children's Program will attempt to reach me prior to authorizing the charge. My (please circle) Visa Mastercard Discover

Card# _____ Exp _____

- If the Children's Program is billing the health insurance carrier, I request payments be made directly to the Children's Program. If the insurance carrier sends a payment to the patient/family member, I will forward that payment to the Children's Program for credit to my account. **The Children's Program may disclose the information necessary to process my insurance claims to any person, corporation, or agency responsible for payment including: _____ insurance carrier _____ school _____ other (specify)**
- I acknowledge that the patient does not hold Oregon Health Plan Insurance (DMAP). If the patient unknowingly has DMAP insurance, as either primary or secondary insurance, I waive the right to have DMAP billed. I agree to pay per the Children's Program fee schedule, including fees for missed appointments.
- In cases of divorce, the parent/guardian initiating service is responsible for the account and must sign this form. If that parent does not carry the client's health insurance, this form must also be signed by the individual who carries the insurance in order to submit a claim and have the benefits assigned to our office.
- I understand that I must call **DURING OFFICE HOURS** and give at least 24 business hours advance notice when canceling an appointment. If I fail to do so, I understand I will be charged for the missed appointment.
- If I am receiving services under a managed care mental health insurance contract, I understand that my policy limits the coverage/services I can receive. I understand I may be required to obtain preauthorization before scheduling appointments. The health insurance carrier may limit the number of appointments I can schedule or the time period in which appointments may occur. My health insurance may limit the types of procedures or diagnoses for which treatment is provided. I agree to be financially responsible for appointments that are not covered by health insurance because of breach of any of these conditions. The managed care company may require a release of information about treatment to the primary care physician.
- If I choose to submit claims for services deemed outside Children's Program insurance billing policies, I am aware that Children's Program will not accept assignment/provider discounts.
- I understand I must notify the Children's Program of any changes in my health insurance coverage prior to the next appointment. I understand the Children's Program will not retroactively bill for changes if insurance carrier.

In the event of nonpayment of charges, the Children's Program shall be entitled to disclose information and recover all costs and expenses incurred in seeking collection of such charges including, without limitations, court costs and reasonable attorney's fees, whether such claims are pursued through court proceedings, appellate or bankruptcy proceedings, arbitration, or mediation.

I have read and authorized the above. Signed:

Financially Responsible Party

Date

Relationship to client

Insured Party (if different from above)

Date

Relationship to client

REGISTRATION CHECKLIST

Did You:

1. Complete the **Registration** form (this may be done online through our website). **Payment in full or a \$250 deposit PLUS credit card information must accompany the registration.**
2. Remember to note the parent meetings on your calendar!
3. Enclose a photocopy of the front and back of your insurance card if your health insurance is on the list of companies we bill. This is essential if you would like us to bill the insurance for you. Also, please provide a copy of the photo ID of the guarantor of the account.
4. Read, sign, and return the Consent for Payment and Health Care Operations form. Your credit card numbers **MUST** be included for your registration to be processed unless you are paying in full.
5. Read, sign, and return the Treatment Consent form.
6. Read, sign, and return the third page of the Dear Parent Letter. (Your packet will have two copies of this page – one to keep and one to return.)

Keep this packet handy while your child is attending the group program. You may want to refer to it in the future.

Children's Program

(503) 452-8002 - Option #2 - Front Desk

(503) 452-0307 - Accounts Manager (Michelle Molitor)