Nicole Gerami LLC
Speech and Language Services

Dear Clients,

Thank you for choosing Nicole Gerami and Associates for your child's communication needs. Please read this document thoroughly concerning your insurance. We will submit claims to your insurance company. **It is your responsibility to call your insurance company to find out what your coverage is for individual speech therapy**. We do not accept insurance for group therapy. We are in network with Anthem (Blue Cross & Blue Shield), Medical Mutual and Cleveland Clinic (Tier 2= $500 Deductable). **All other insurance companies are out of network.** To help when you call your insurance company, we have provided a list of seven questions you should ask below.

As soon as you get a live person, let them know that you are calling about your benefits for speech therapy. It is imperative that they know you are inquiring about speech therapy because it can change the answers to the questions below.

1. Verify that Nicole Gerami, LLC is in network. We are in network with Anthem (Blue Cross & Blue Shield), Medical Mutual and Cleveland Clinic (Tier 2).

2. What is our calendar year deductible for our insurance policy? (Most policies are January 1-December 31.)

3. What is my deductable for speech therapy? (This is what you will pay out of your own pocket before insurance starts to pay.)

4. How much have we met toward our deductable this year? (If you call January 1st the answer will probably be $0.)

5. After we meet our deductable, what percentage will the insurance company cover and what will be my portion? (If you have 20 visits per year, you are using part of your 20 visits as you are reaching your deductable.)

6. How many speech therapy visits do we get per year and have any been used this calendar year? (If the number of visits allowed seemed high-i.e. over 30 visits, ask if speech therapy is bundled with occupational therapy and physical therapy. If the number seems low-i.e. 10 visits, ask if this is a hard 10 visits or can you request more visits after the 10 visits have been used. Hard means the insurance company will NOT allow any more visits.)

7. **Do I need a pre-certification *before* the initial visit for speech therapy**? (If the answer is yes, do not come to your appointment until you have been approved or the visit will not be covered and you will have to pay out of your own pocket.)

23825 Commerce Park Road Suite B, Beachwood, OH 44122
Phone: (216) 292-7370 Fax: (216) 292-7042
www.nicolegerami.com

Nicole Gerami LLC
Speech and Language Services

PAYMENTS AND THIRD PARTY PAYER INFORMATION AND POLICIES

This section should be completed by the person responsible for payment ("Responsible Party") for services the individual ("Child") receives Nicole Gerami, LLC. The Responsible Party must be the Child's legal parent or guardian. "Third Party Payers" are insurance carriers and other public and private agencies that fund services for children with special needs.

Please note the following before selecting below:

- ***You are responsible to contact your insurance company regarding speech and language services for the Child. This includes inquiring about insurance carrier's requirements for advance notification/approval for services, number of visits allowed, diagnoses and services covered and not covered, and co pays, deductibles, and reimbursement rates. Nicole Gerami is in-network with Anthem/BCBS, Medical Mutual, and Antares (Cleveland Clinic) only.***
- ***All out of network insurance clients will need to pay at the time of service. If requested we will file with your insurance company.***

PLEASE INITIAL ONE:

___ I will self-pay for each session at time of service or leave a credit card number on file to be billed monthly; I do not have insurance coverage; I do not want to use my insurance; or I do not have one of the insurance companies listed above.

___ I would like Nicole Gerami, LLC to file claims with approved Third Party Payers. I authorize Nicole Gerami, LLC or a representative of Nicole Gerami, LLC to do the following: file claims with Third Party Payers for screening, evaluation, consultation, and therapy services provided by Nicole Gerami, LLC to my Child; contact Third Party Payers to collect information about the terms of my Child's policy or arrangements and/or the status of claims filed by Nicole Gerami, LLC; provide Third Party Payers information about the screening, evaluation, consultation, and therapy services Nicole Gerami, LLC provides to my Child and about the status of my Child's progress; and provide information provided by one Third Party Payer to other Third Party Payers (e.g., report to publically funded agencies information regarding health insurance claims that have been paid or denied).

Check all Third Party Payers with whom you authorize Nicole Gerami, LLC to file claims:

☐ Health Insurance Carrier: *Medical Mutual, Anthem (Clue Cross/Blue Shield), Antares (Cleveland Clinic)*

Insured Name: _____

Insured Date of Birth: _____

Insurance carrier: _____

ID number: _____

Group number: _____ Employer: _____

☐ Additional Third Party Payer(s): Please check all for which the Child has been approved.

☐ County Funding ☐ Autism Scholarships Program (ASP) ☐ Jon Peterson Scholarship Program

☐ Other _____

Payments: Statements will be sent to the Responsible Party. Balances for deductibles, self-payments, co-payments, and all other payments are due on the last day of the month in which the statement was sent to the Responsible Party. Accounts more than 30 days past due will be assessed interest of 5% per month. Accounts over 6 months past due will be sent to collections and reported to the three major credit bureaus. Payment arrangements can be made by contacting the Nicole Gerami, LLC Billing Manager.

All information I provided on this form is complete and accurate to the best of my knowledge. I read, understand, and agree to the (1) Attendance Policies, (2) Fee Structure, and (3) Payments and Third Party Payer Information and Policies.

Signature of Responsible Party: _____ Date: _____

Print name of Responsible Party: _____

Social Security Number of Responsible Party: _____

Nicole Gerami LLC
Speech and Language Services

FiT

1 Hour Oral Language Evaluation**	$256.00 (for clients who do not have current speech-language evaluation reports)
Speech Sound Evaluation**	$256.00 (for clients who do not have current speech-language evaluation reports)
Auditory Processing Evaluation**	$256.00 (for clients who do not have current speech-language evaluation reports)
Written Language Evaluation**	$256.00 (for clients who do not have current speech-language evaluation reports)
Reading Evaluation**	$256.00 (for clients who do not have current speech-language evaluation reports)

30 Minute Consultation**	$64.00 (to open case for clients who have current speech-language evaluation reports)

1 Hour School/Home Meetings and Observations - SELF PAY	$128.00 per hour ~ **SELF PAY**
Travel Mileage	$.53 per mile additional with school/home meeting and observation
30 Additional Minutes	$64.00 additional with school/home meeting and observation
Additional Hours	$128.00 additional with school/home meeting and observation

Hearing Screening**	$50.00 additional with anything above
Oral Mechanism Examination**	$50.00 additional with anything above

Phone consultation fee – SELF PAY	$64.00 for up to 30 minutes
15 Additional Minutes **	$32.00 additional with 30 minute consultation, if applicable
30 Additional Minutes **	$64.00 additional with 30 minute consultation, if applicable

Individual Therapy**	Varies per therapy session
1 Hour of Individual Therapy	$128.00 per therapy session
45 Minutes of Individual Therapy	$96.00 per therapy session
30 Minutes of Individual Therapy	$64.00 per therapy session

Group Therapy - SELF PAY	Varies per therapy session
1 Hour of Group Therapy	$88.00 per therapy session
45 Minutes of Group Therapy	$66.00 per therapy session
30 Minutes of Group Therapy	$44.00 per therapy session

Returned check fee	Minimum of $25.00
Late Cancellation Fee	$45.00
No Cancellation Fee	Full cost of Therapy that was not cancelled. (not billable to insurance)
Late Charges	5% per month for all amounts that are more than 30 days past due

***will be filed with insurance carriers or other third party payers*

Nicole Gerami LLC
Speech and Language Services

FiT

Registration Form

Child's Name: _____ Today's Date: _____

Date of Birth: _____

Pediatrician: _____

Parent: _____

☐ Mother ☐ Father

Address: _____

Parent: _____

☐ Mother ☐ Father

Address: _____

Home phone: _____

Work phone: _____
(will be used for emergency scheduling calls only)

Home phone: _____

Work phone: _____
(will be used for emergency scheduling calls only)

Mobile phone: _____

Email address: _____

Mobile phone: _____

Email address: _____

ATTENDANCE POLICIES

Families are encouraged to attend scheduled sessions. Consistent attendance and participation in therapy can significantly increase a child's prognosis for improvement in speech-language skills. Please note the following policies:

- Please call (216) 292-7370 to cancel your appointment. We will let you know of any open time slots. If you cancel 24 hours prior to appointment you will not be charged. **If you do not cancel 24 hours in advance, you will automatically be charged a $45.00 late cancellation fee. If you neglect to cancel an appointment and do not attend it, you will automatically be charged the entire price of the missed session. These fees will <u>not</u> be filed with your insurance carrier or other third party payers.**
- If you show a pattern of canceling and not making up sessions, we will offer two options:
  1. Keep your regular time slot and pay a non-refundable fee up front for each month of sessions.
  2. Give up your regular time slot and contact us when you want an appointment.

Nicole Gerami LLC
Speech and Language Services

PEDIATRIC CASE HISTORY

Child's Name: _____ **Today's Date:** _____

Date of birth: _____ **Mother's Name:** _____

Home phone: _____ **Father's Name:** _____

I was referred to this office by: _____

Description of Communication Skills

Describe your child's speech-language problem:

How does your child usually communicate (gestures/vocalizations/single words/short phrases/sentences)? Please give an example.

When was the problem first noticed? By whom?

Has the problem changed since you first noticed it?
_____ yes _____ no If yes, how:

Are there times when it is better/worse?
_____ yes _____ no If yes, please explain:

Is your child aware of the problem?
_____ yes _____ no If yes, how does he/she feel about it?

I understand what my child says/communicates:
___ nearly all the time ___ most of the time ___ half of the time ___ less than half of the time

What would you like your child to gain as a result of speech-language therapy?

23825 Commerce Park Rd., Suite B • Beachwood, Ohio 44122
Phone: (216) 292-7370 • Fax: (216) 292-7042

Family Background

With whom does your child live?

What languages are spoken in the home? What is the primary language spoken?

List the names and ages of siblings.

Are there any other significant people in your child's life (i.e., others with whom he/she spends a lot of time)?

Have any immediate or extended family members had difficulties with speech, spoken language, reading, writing, hearing or voice? If yes, please note their relationship to your child (i.e., father, sister, cousin) and the types of difficulties they had.

Developmental History

Provide the approximate ages at which your child began to do the following activities.
Sit _____ Crawl _____ Walk _____ Feed self _____ Use toilet _____

Describe your child's motor development compared to other children his/her age.

At what age did your child:
Use first words _____ Begin to use short phrases _____ Use complete sentences _____

Describe how your child interacts with children of the same age and with adults he or she sees frequently.

Educational History

School or daycare facility your child attends: _____

Provide his/her grade (age 5 and older only): _____
Please list your child's educational/developmental strengths and areas of need:
Strengths:
Areas of Need:
Describe your child's reading and writing skills.
Reading:
Writing:

Has your child received a multi-factored evaluation (MFE) through your school district?
_____ yes _____ no If yes, please provide a copy of MFE Team Report.

Does your child receive services under an Individualized Family Service Plan (IFSP; under 3 years) or Individualized Education Plan (IEP; 3+ years)?
_____ yes _____ no If yes, please provide a copy of the current IFSP or IEP.

Medical & Therapeutic History

Describe the mother's general health during pregnancy.

Length of pregnancy: _____ Birth weight: _____

Type of delivery: _____ head first _____ feet first or breech _____ Caesarian

Were there any difficulties during the delivery process?
_____ yes _____ no If yes, please describe:

Did your child require any special neonatal medical treatment?
_____ yes _____ no If yes, please describe:

Are there or have there been any feeding or oral motor problems (i.e., problems with sucking, swallowing, drooling, or chewing)?
_____ yes _____ no If yes, please describe:

Has your child been seen by a dentist or orthodontist?
_____ yes _____ no If yes, please describe any problems identified:

Provide the name of your child's pediatrician: _____

Provide approximate ages at which your child suffered any of the following:

Allergies _____
Asthma _____
Chicken pox _____
Colds _____
Croup _____
Ear Infection _____
High Fever _____
Measles _____
Meningitis _____
Pneumonia _____
Seizures _____
Sinusitis _____
Tonsillitis _____
Other _____
Other _____

Does your child currently take any medications?
_____ yes _____ no If yes, please provide names:

Has your child been hospitalized or received any surgeries?
_____ yes _____ no If yes, please provide dates and treatment received:

Has your child's hearing been tested?
_____ yes _____ no If yes, please provide the following:

Date of most recent evaluation or screening: _____

Results: _____

Has your child's vision been tested?

_____ yes _____ no If yes, please provide the following:

Date of most recent evaluation or screening: _____

Results: _____

Has your child received speech-language therapy before?

_____ yes _____ no If yes, please provide a copy of recent reports and the following:

SLP: _____ Dates of service: _____ to _____

Diagnosis: _____

Has your child seen other specialists (e.g., audiologist, occupational therapist, reading specialist, physical therapist, psychologist, neuropsychologist, neurologist, ENT, endocrinologist)?

_____ yes _____ no If yes, please provide a copy of recent reports and the following:

1. Name and title of the specialist: _____

   Date(s) seen: _____ Diagnoses: _____

2. Name and title of the specialist: _____

   Date(s) seen: _____ Diagnoses: _____

3. Name and title of the specialist: _____

   Date(s) seen: _____ Diagnoses: _____

Provide any additional information that might be helpful in the evaluation or treatment or your child:

Nicole Gerami LLC
Speech and Language Services

Notice of Privacy Practices
(Revised 8/1/2010)

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

About Us
Nicole Gerami LLC offers full speech-language evaluation and therapy services to toddlers, preschoolers, school-age children, and adolescents in a safe and family-friendly setting. Our goal is to help children achieve better communication skills in their homes, schools, and communities. Nicole Gerami LLC speech-language pathologists are licensed by the Ohio Board of Speech Pathology and Audiology and the Ohio State Department of Education and are certified members of the American Speech-Language-Hearing Association.

What is "Protected Health Information" or "PHI"?
"Protected health information," or "PHI" for short, is information that identifies who you are and relates to, your past, present, or future physical or mental health or condition, the provision of health care to you, or past, present, or future payment for the provision of health care to you. PHI does not include information about you that is publicly available, or that is in a summary form that does not identify who you are. If you are an employee of our participating physician's office, PHI does not include your health information in your personnel file.

Purpose of this Notice
In the course of doing business, we gather and maintain PHI about our members. We respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. This Notice describes our privacy practices and how we protect the confidentiality of your PHI. We are obligated to maintain the privacy of your PHI by implementing reasonable and appropriate safeguards. We are also obligated to explain to you by this Notice about our legal obligations to maintain the privacy of your PHI. We must follow our Notice that is currently in effect.

How We Protect Your PHI
We restrict access to your PHI to those employees who need access in order to provide services to our members. We have established and maintain appropriate physical, electronic, and procedural safeguards to protect your PHI against unauthorized use or disclosure. We have established a training program that our employees must complete and update annually. We have also established a Privacy Manager, whom has overall responsibility for developing, training and overseeing the implementation and enforcement of policies and procedures to safeguard your PHI against inappropriate access, use and disclosure.

Types of Use and Disclosure of PHI We May Make Without Your Authorization
Treatment; Payment; Health Care Operations
Federal and state law allows us to use and disclose your PHI in order to provide speech & language services to you, as well as to bill and collect payments for the speech & language services provided to you by therapists in this office. We may disclose your PHI to health plans or other responsible parties in order to receive payment for the services provided to you by our therapists. We may also use or disclose your PHI, for example, to recommend to you treatment alternatives, to inform you about speech/language-related benefits and services that we offer, or to contact you to remind you of your appointments. We conduct these activities to provide services to you, and not as marketing.
Federal and state law also allows us to use and disclose your PHI as necessary in connection with our speech & language services. For example, we may use your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you have received. We may also use your PHI in connection population-based disease management programs. We may use or disclose your PHI to perform certain business functions to our business associates, who must also agree to safeguard your PHI as required by law.

We are also allowed by law to use and disclose your PHI without your authorization for the following purposes:

1. When required by law - In some circumstances, we are required by federal or state laws to disclose certain PHI to others, such as public agencies for various reasons;
2. For public health activities – Such as reports about communicable diseases, defective medical devices to the FDA, or work-related health issues;
3. Reports about child and other type of abuse or neglect, or domestic violence;
4. For health oversight activities – Such as reports to governmental agencies that are responsible for licensing physicians or other health care providers;
5. For lawsuits and other legal disputes – In connection with court proceedings or proceedings before administrative agencies, or to defend us in a legal dispute;
6. For law enforcement purposes – Such as responding to a warrant, or reporting a crime;
7. Reports to coroners, medical examiners, or funeral directors – To assist them in performance of their legal duties;
8. For tissue or organ donations – To organ procurement or transplant organizations to assist them;
9. For research – To medical researchers with an approval of an institutional review board (IRB) or privacy board that oversees studies on human

subjects. Researchers are also required to safeguard your PHI;

10. To avert a serious threat to the health or safety of you or other members of the public;
11. For national security and intelligence/military activities – Such as protection of the President or foreign dignitaries; and
12. In connection with services provided under workers' compensation laws.

We may disclose your PHI, without your written authorization, to your family members or other persons if they are involved in your care or payment for that care. We may also notify disaster relief organizations to assist them with their relief efforts. When you are a patient at a hospital or medical facility with which we are affiliated, we many create a directory that includes your name, your location at the facility, your general condition, and your religious affiliation. Information in this directory may be disclosed to visitors and clergy. However, we must first provide you with an opportunity to agree or object to such disclosure. If you cannot agree or object because you are incapacitated or otherwise unavailable, we will use our professional judgment.

You, as a parent, can generally control your minor child's PHI. In some cases, however, we are permitted or even required by law to deny your access to your child's PHI, such as when your child can legally consent to medical services without your permission.

There are some types of PHI, such as HIV test results or mental health information, which are protected by stricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.

Authorizations
All other uses and disclosures of your PHI must be made with your written authorization.

If you need an authorization form, we will send you one for you or your personal representative to complete. When you receive the form, please fill it out and send it to the following address:

Nicole Gerami, LLC
23825 Commerce Park Road. Suite B
Beachwood, OH 44122

You may revoke or modify your authorization at any time by writing to us at the same address. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.

Your Rights Regarding Your PHI

Access to Your PHI
You have the right to review and copy your PHI we maintain. If you wish to access your PHI, please write to us. We will respond to your request and tell you when and where you can review your PHI in our possession within our normal business hours. If you would like a copy of the information we have, please write to us at the same address. If we provide you with a copy, we may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law. If we deny your request for review or copy of your PHI, we will explain the reason in writing. If we don't have your PHI, but know who does, we will tell you who to contact.

Right to Amend Your PHI
You have the right to request amendments to your PHI. If you wish to have your PHI corrected or updated, please write to us and tell us what you want changed and why. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why. You may also send us an addendum that is no longer than 250 words in length for each item you believe is incorrect. Please clearly indicate that you want the addendum to be included in your PHI. We will attach your addendum to the record(s) of your PHI. Your amended PHI will be available for your review upon request.

Right to Receive an Accounting of Disclosures of Your PHI
You have the right to request an accounting of certain disclosures that we make of your PHI. You can request an accounting by writing to us. Please note that certain disclosures, such as those made for treatment, payment, or health care operations, need not be included in the accounting we provide to you. We will respond to your request within a reasonable period of time, but not later than 60 days after we receive your written request.

Right to Receive a Copy of This Notice
You have the right to request and receive a paper copy of this Notice.

Right to Request Restrictions
You have the right to request restrictions on how we use and disclose your PHI for our treatment, payment, and health care operations. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. We believe we have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.

Right to Confidential Communications
You have the right to request that we provide your PHI to you in a confidential manner. For example, you may request that we send your PHI by an alternate means (e.g., sending by a sealed envelope, rather than a post card) or to an alternate address (e.g., calling you at a different telephone number, or sending a letter to you at your office address rather than your home address). We will accommodate any reasonable requests, unless they are administratively too burdensome, or prohibited by law.

Right to Complain
We must follow the privacy practice set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint, please direct your inquiries to:

Nicole Gerami, LLC
23825 Commerce Park Road, Suite B
Beachwood, OH 44122

You may contact your Health Plan or the Ohio Board of Speech Pathology and Audiology with your concerns as well. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Service. We will not retaliate against you for filing a complaint against us.

Rights Reserved
We will use and disclose your PHI to the fullest extent authorized by law. We reserve the rights as expressed in this Notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to your entire PHI we maintain, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Unless the changes are required by law, we will not implement material changes to our privacy practices before we revise our Notice. You may request updates to this Notice at any time.

Effective Date of this Notice 7/1/2004

Nicole Gerami LLC
Speech and Language Services

Notice of Privacy Practices
(Revised 8/1/2010)

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THE HIPAA NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Patient's Name: _____

I read and understand the Health Insurance Portability and Accountability Act of 1996 (HIPAA) brochure provided to me by Nicole Gerami LLC.

Please initial:

☐ I received a copy the Nicole Gerami LLC HIPAA flier.

Signed:_____ Dated: _____

Print name: _____

If not signed by the patient, please indicate relationship:

Parent, guardian, or caregiver of a minor patient

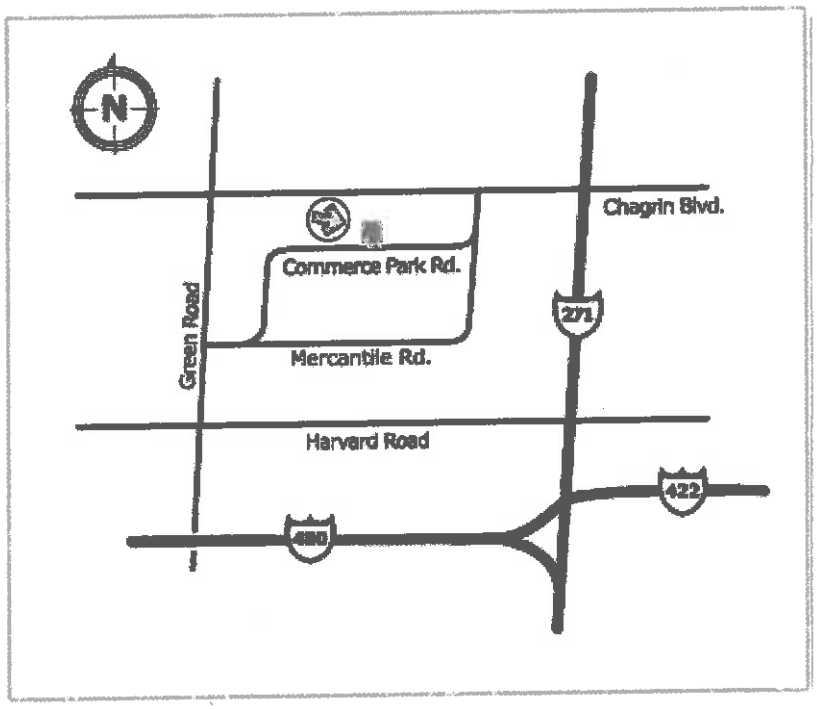
Guardian or conservator of an incompetent patient

Beneficiary or personal representative of a deceased patient

Other _____[SPECIFY RELATIONSHIP]

Nicole Gerami LLC
Speech and Language Services

23825 Commerce Park Rd, Suite B, Beachwood, OH 44122



****Nicole Gerami, LLC's office is located in Suite B. You can find the main entrance for the office in the rear of the building. Upon entering, follow the parking lot toward the back.****