



I have read and understand all of the information shared in the Yellowstone Therapy Center LLC Parent/Patient handbook. Effective June 1, 2023, any and all YTC policies and procedures will be enforced and adhered to by all parties.

Patient Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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



Outpatient Physical, Speech, and Occupational Therapy

## **Parent/Patient Handbook**

**Important Numbers:** Phone - 406-534-2087  
Billing Office - 406-534-2087 ext. 107  
Fax - 406-534-2153

**Our Physical Address:** 2747 Enterprise Avenue Suite 5 Billings MT 59102

**Website:** [www.yellowstonetherapycenter.com](http://www.yellowstonetherapycenter.com)

**Billing and Insurance Questions:** [swhite@yellowstonetherapycenter.com](mailto:swhite@yellowstonetherapycenter.com)

**OUR SERVICES:** We provide physical (PT), Occupational (OT) and Speech (ST) therapy for children and adults who are in need of rehabilitative services. Our therapists are highly skilled and are considered specialists in their respective fields. Our clinic is designed to provide one-on-one skilled therapy services in a comfortable, secure, encouraging, and friendly atmosphere. We strive to administer the most progressive and innovative treatment techniques and therapies available. We also provide education and training to family members and other caregivers to help ensure that your child has carry over into the home environment on days that they are not in skilled therapy sessions. Every patient who enters our clinic is provided with a plan of care that is specifically crafted to their needs, using the most progressive therapy equipment and techniques available.

**HOURS OF OPERATION:** We are open from 8:00 AM to 5:00 PM Monday thru Friday. Other appointment times may be contingent on therapist availability. We provide services every weekday except for the following:

New Year's Day

Fourth of July

Thanksgiving Day

Christmas Day

Memorial Day

Labor Day

**WE DO NOT PERMIT EATING OR DRINKING IN OUR WAITING ROOM. WE HAVE CHILDREN WHO HAVE SERIOUS ALLERGIES. WE GREATLY APPRECIATE YOUR COOPERATION.**

## **SCHEDULING GUIDELINES**

1. All therapy is by appointment only.
2. When scheduling appointments, you may schedule anywhere from 1-6 months of appointments at a time. Most often this is based on what your insurance authorizes. No appointments will be scheduled outside of your insurance authorization at any time. We know this may cause inconvenient appointments at times; however, this policy is strictly enforced. There is never a guarantee that your insurance will continue to authorize future visits.
3. We strongly suggest families become active participants in the insurance process and contact their insurance company directly regarding pending authorizations. It has been our experience that insurance companies are far more efficient when a family member becomes involved.
4. We require 24 hours' notice for cancellation. Proper notice allows us adequate time to fill that time slot with another patient. Please call to cancel any appointment - we do not accept emails to our website to cancel an appointment. Patient reminder emails will be made each day for the next day's appointments to assist families with keeping their scheduled appointments.
5. If you are late for an appointment, your therapy time will be cut short accordingly, and end at the scheduled time. You will be charged the full amount for the session.
6. Your physician has prescribed therapy for your child as an important tool in your child's development. It is your responsibility to ensure to the best of your ability that your child receives therapy at the recommended frequency by keeping all scheduled appointments and making up for all missed/canceled visits. Failure to do so will disrupt your child's progress and may interfere with your insurance authorization.

**NO-SHOW POLICY:** A "no show" is any missed appointment without a phone call to cancel the appointment a minimum of **24 hours in advance or before 7:00am** on the day of the scheduled appointment. Please respect your appointment day and time. No shows are appointments that are not made up and/or rescheduled. They are missed appointments. **After 2 no show appointments, your child will be taken off the therapy schedule and placed on a waiting list.**

**CANCELLATION POLICY:** A cancellation is any appointment canceled by phone or in person 24 hours in advance or before 7:00am on the day of the scheduled appointment. An appointment that is rescheduled does NOT count as a cancellation.

**If your child's attendance rate falls below 75%,** you will be put on our C. This means that when there are cancellations you may be called and offered a therapy session for that 1 time.

**Please Note: When therapists have canceled appointments, it affects their productivity, which means they may have decreased hours of paid work on that day.** Due to limited scheduling availability, we ask that all patients attend their scheduled treatments. When an appointment is applied to our schedule, that time is reserved to meet your child's needs. We work hard to accommodate each of our patients. Continuous neglect to follow the regulations stated in this policy could lead to termination and/or change of status to your remaining treatments and/or sessions. Thank you in advance for your understanding and cooperation in this matter.

**LATE ARRIVALS/PICK-UPS:** A late arrival occurs any time the child is more than 10 minutes late for their scheduled appointment. If the appointment is scheduled for 3pm and you arrive at 3:11pm, you are considered late. It is also necessary that you pick your child up on time, as to not interfere with another child's therapy appointment. A consistent pattern of late arrivals and/or pick-ups will result in moving to the CALL LIST. **We feel the allotted time for your child's treatment is necessary for adequate rehabilitation of their condition.**

**SUBSTITUTE THERAPISTS:** Alternate therapists may provide care due to a primary therapist's illness, vacation, or scheduling conflict. All therapists covering an appointment will have access to your child's records. We believe your child's treatment is of the utmost importance, so we ask that you plan to attend appointments even when your regular therapist is not available.

We are a teaching facility and therefore may occasionally have student therapists observing and/or working with your child, under direct supervision.

**BAD WEATHER:** If there is inclement weather, please call the clinic if you are not able to be at your scheduled appointment. Calling as far in advance as possible is appreciated so that another patient from the call list can be scheduled in this time slot.

**ILLNESS:** Children should be kept at home when they meet the following exclusion criteria:

1. Rectal temperature of 101.4 or higher, ear/oral temperature of 100.4 or higher or underarm temperature of 99.4 or higher, in the past 24 hours.
2. Conjunctivitis ("pink eye").
3. Bronchitis, which begins with hoarseness, cough, and a slight elevation in temperature.
4. A rash you cannot identify which has not been diagnosed.
5. Impetigo: red pimples, which become small vesicles surrounded by a reddened area. When blisters break, the surface is raw and weeping. Look for signs in neck creases, groin, underarms, face, hands, or edge of diaper.
6. Diarrhea three or more times within 24 hours.
7. Vomiting within 24 hours
8. A contagious disease including measles, chicken pox, mumps, roseola, strep throat, etc...
9. Live hair lice

A child can return back to the clinic after the following:

1. He/she has been fever free for 24 hours
2. He/she has been diagnosed as having a bacterial infection and has been on an antibiotic for 24 hours
3. It has been 24 hours since the last episode of vomiting or diarrhea
4. Eyes are no longer discharging, or the condition has been treated with an antibiotic for 24 hours
5. The rash has subsided, or a physician has determined that the rash is not contagious.

**PARENT RESPONSIBILITIES:** Your family's involvement and commitment to your child's therapy program is critical for his or her development. We view you, the parent, as our partner in helping your child grow and develop optimally. As a parent, primary caregiver, or medical guardian, I understand that I am expected to:

1. Please be present in our building so that you can participate in any parent education or modeling needed during any part of therapy sessions. If children/young adults do not practice their new skills at home with their family, it is less likely that they will learn those skills as well as learn them within a timely manner. Remember, insurance coverage is based on making adequate progress towards goals. AT ANYTIME, INSURANCE COULD DENY COVERAGE IF WE ARE UNABLE TO DOCUMENT PROGRESS IN THERAPY SESSIONS.
2. Come to scheduled visits unless sick, following the sick guidelines listed above.
3. Notify the therapist or office of upcoming appointment or family travel that might change the planned therapy schedule
4. Notify the clinic of any planned or unplanned absences and call to reschedule after cancellations.
5. Please promptly provide updated insurance information as needed.

**SUPPORTIVE ENVIRONMENT:** In order for our therapy to be effective, it's important to ensure that a child's environment is safe and well organized. The focus of the therapist and

parent needs to be on the child receiving services, therefore, to maximize our time together please ensure the following:

1. The child receiving therapy should be **awake**, clothed, diaper changed and recently fed unless otherwise described within your plan.
2. For privacy reasons, we ask all parents to remain in the waiting room (rather than come into the therapy area). If you would like to watch part of your child's therapy session, please talk to your therapist and he/she will make the appropriate accommodations. Again, as needed, a clinician may ask you to come back to a session for parent education and any modeling of how to carry over tasks into the home environment.
3. Siblings must remain in the waiting room with a parent during therapy sessions.

**BEHAVIORAL GUIDELINES:** Our role is to increase your child's skills through physical, occupational and speech therapy. While our therapists are provided training in managing behavior and safety techniques, the intention of each therapy session is to progress toward meeting the goals within the respective discipline of service. We do not have a behavioral therapist on staff in our outpatient centers and therefore do not provide behavioral therapy within your child's session. If your child demonstrates extreme behaviors such as aggression towards self or others and these behaviors negatively influence progress toward goals, a support person may be required to attend all therapy sessions. In addition, your child may be requested to leave Yellowstone Therapy center if we feel we cannot meet your child's needs or if the behaviors demonstrated pose too great of a risk to themselves and others. It is of the utmost importance that we maintain a safe, therapeutic environment for your child, our staff, and others at all times. If you need behavioral services, we will provide you with available resources.

**INSURANCE:** Yellowstone Therapy Center will provide financial counseling. It is our goal to provide our patients with the best and affordable therapy services possible. We will verify your insurance benefits specific to therapy and will explain these benefits to you. **We recommend that you also verify your benefits – the information we receive from your insurance may be incorrect, and you are ultimately responsible for all charges.** Our Administrative Billing Specialist is here to work with you and the clinical staff on issues concerning insurance coverage for all patients' treatment. It is primarily your responsibility to know your insurance benefits and provide information to our staff on policy requirements in a timely fashion, including any changes to your coverage. While we cannot assure your child's care will be covered, we will do all that we can to assist you in this process. Care will not be denied based on lack of funding; however, you may have out-of-pocket expenses. We request that all copays, coinsurance, deductibles, and any other fees that are not covered by your insurance be paid at the time of service

## **FREQUENTLY ASKED QUESTIONS**

Q. Can I **bring my other children to the first visit or evaluation?**

A. We would prefer that your child attends their first appointment/evaluation at the clinic without their siblings present. We will need your undivided attention as we gather developmental history and try to get a clear picture of your child and your concerns for therapy.

**Q. My child is school-aged - is it possible for me to get an after-school appointment?**

A. Absolutely! Keep in mind though that many of our children are school-aged, and their parents frequently request an appointment after school hours. We will always do our best to accommodate your scheduling requests.

**Q. What do I need to bring with us when my child comes for the initial evaluation?**

A. **Please come about 30 minutes early to fill out the necessary paperwork.** If your child has had any previous tests, please bring the results and reports with you, if possible. For insurance purposes, bring your insurance card and any prescriptions, referral forms, pre-authorization forms, or co-payments that your individual policy requires. If you do not arrive in adequate time to fill out the necessary paperwork, it may result in a delayed evaluation to the following week. No patient is allowed to complete an initial evaluation until all paperwork is filled out and turned into office staff.

**Q. What happens after the evaluation?**

A. Initial results of the evaluation and recommendations are reviewed with you (and your child if age appropriate). A written report detailing evaluation results will be faxed to your referring physician for their signature. If your insurance requires authorization for therapy, we will submit the signed copy of your child's evaluation report to them with a request to have visits authorized.

**Q. What is a Treatment Plan?**

A. A treatment plan is an individualized plan created by the therapist to address your child's needs. The plan may include:

- Recommendations for therapy or re-screening/re-evaluation at a later time
- Initial goals to address during therapy
- Suggestions for parents/caregivers and educators

**Q. Do you involve the parents in the treatment process?**

A. Parents are a very important part of therapy here at Yellowstone Therapy Center. Parents are at times invited back into the treatment rooms to observe therapy as long as the situation is appropriate. Every session is designed to allow time for the parent and therapist to discuss progress and what was done during the therapy session. Parents are also given activities to work on at home to increase carryover in all settings and help the child be more successful in reaching their goals.



## **Payment Plan Options**

*Effective as of 1/1/2024 YTC no longer accepts Care Credit*

### **Option #1**

Receive a 10% discount when your bill is paid **IN FULL** by the due date. Please note the 10% will not be extended past the due date.

### **Option #2**

Payment plan options must be set up in the office with our billing specialists.

<b>Balance Amount</b>	<b>Payments</b>
\$300.00	2 months
\$301.00 - \$600.00	3- 4 months
\$601.00 - \$900.00	4-5 months
\$901.00 - \$1000.00	6-8 months
\$1,001.00	12 months

If your balance is over \$1,500.00 all future appointments will be placed on hold until the balance is paid off. If payment is not made in a 90-day period, the total amount due will be sent to collections and you will be dismissed from Yellowstone Therapy Center.

**\*\*\*If you have been discharged from Yellowstone Therapy Center your balance is to be paid in full within 90 days\*\*\***

If you have no insurance or no benefits for PT, OT or Speech services, please contact our office for discounted self-pay packaging.

Stephanie White

Administrative Billing Specialist

**Yellowstone Therapy Center**

Ph: 406-534-2087 Ext: 107

[swhite@yellowstonetherapycenter.com](mailto:swhite@yellowstonetherapycenter.com)





## Emergency Disaster and Action Plans

Evacuation Sites:

**There are 2 separate evacuation sites for Yellowstone Therapy Center**

1. If exiting out the back of the building, you will find 2 exit doors, one located at the end of the halls on each side of the building. When exiting out these doors, you will then exit out of the gates of the backyard fence line. There are 2 of these that are located on either the far-left side or the far-right side of the fence line. This will allow you to get onto the city walking path. Please follow this path to meet everyone at the "drop off" area of Goodwill (951 S 29th St West).
2. If exiting out the front of the building, then everyone will meet on the sidewalk across the street from the Billings Vet Center (2795 Enterprise Avenue).

