

**OAHU SPEECH LANGUAGE PATHOLOGY CONSULTANTS
NEW PATIENT INFORMATION FORM**

PLEASE PRINT CLEARLY

TODAY'S DATE: _____

PATIENT INFORMATION

SELECT ONE: OUT OF POCKET _____ OTHER: (insurance, third party, etc) _____

PATIENT'S NAME: _____

GENDER: M: _____ F: _____ BIRTHDATE: _____ CURRENT AGE: _____

PARENT(S) / RESPONSIBLE PARTY(IES): _____

ADDRESS: _____

CONTACT INFORMATION:

(phone) _____ (other) _____

(email) _____

EMERGENCY CONTACT (other than responsible party): _____

RELATIONSHIP: _____ (phone): _____

INSURANCE CARRIER: _____ INSURED'S POLICY NO. _____

SPONSOR'S SSN: _____ SPONSOR'S BENEFITS #: _____

PRIMARY PHYSICIAN: _____

CLINIC: _____ NPI: _____

(phone) _____ (fax) _____

OHI: _____ POLICY NO. _____

MILITARY PATIENTS: PLEASE INFORM US IF TRICARE IS PRIME OR SELECT

I AGREE TO THE TERMS AND POLICIES OF OAHU SPEECH AND LANGUAGE PATHOLOGY CONSULTANTS. I ACKNOWLEDGE THAT I HAVE READ OAHU SPEECH'S HIPAA STATEMENT.

SIGNATURE DATE

OFFICE USE ONLY

DIAGNOSIS(ES) AND CODE(S): _____

EVALUATION: _____ THERAPY: _____ TIME: _____

NOTES: _____

OAHU SPEECH LANGUAGE PATHOLOGY CONSULTANTS
EXPLANATION OF CHARGES*

COMPREHENSIVE SPEECH/LANGUAGE EVALUATION:	\$250.00 PER HOUR. BILLED FOR TIME FROM INTAKE THROUGH WRITE-UP. PAYMENT FOR INTAKE AND TESTING TIME IS DUE AT THE END OF THE EXAMINATION. SCORING AND WRITE-UP TIME WILL BE BILLED AFTER THE REPORT IS COMPLETED. REPORT MAY TAKE SEVERAL WEEKS TO COMPLETE. TIME REVIEWING OTHER DOCUMENTATION WILL BE CHARGED AT THE EVALUATION RATE.
SPEECH/LANGUAGE THERAPY:	\$110.00 PER 45 MINUTE SESSION; \$75.00 PER 30 MINUTE SESSION; \$75.00 PER GROUP SESSION. IF A SESSION IS SHORTENED DUE TO CLIENT ARRIVING LATE OR LEAVING EARLY, EXCEPT IN CASES OF ILLNESS OR EMERGENCY, THE FULL THERAPY RATE WILL BE CHARGED. IF A SESSION IS SHORTENED DUE TO THERAPIST ARRIVING LATE OR LEAVING EARLY, A DISCOUNT WILL BE APPLIED.
CST:	CRANIOSACRAL THERAPY: \$130.00 PER SESSION
NMES:	NEUROMUSCULAR ELECTRICAL STIMULATION THERAPY: \$130.00 PER SESSION
FOREIGN ACCENT REDUCTION:	\$125.00 PER HOUR FOR EVALUATION \$100.00 PER HOUR FOR THERAPY
CONSULTATION / MEETING:	\$110.00 PER HOUR. INCLUDES BUT IS NOT LIMITED TO MEETINGS WITH: A CLIENT OR RESPONSIBLE PARTY, OTHER PROVIDER, ATTORNEY OR SCHOOL REPRESENTATIVE. TIME SPENT REVIEWING OTHER DOCUMENTATION WILL BE CHARGED AT THE THERAPY RATE.
REPORT / DOCUMENTATION:	REPORTS WILL BE CHARGED AT THE EVALUATION RATE INFORMAL DOCUMENTATION (LETTERS OR MEMOS TO SCHOOLS, INSURANCE CARRIERS, OTHER PROVIDERS, ETC) WILL BE CHARGED AT THE THERAPY RATE
TESTIMONY:	TESTIMONY AT LEGAL PROCEEDINGS WILL BE CHARGED AT THE EVALUATION RATE
"NO-SHOW":	IF A CLIENT MISSES A SCHEDULED SESSION OR CANCELS WITH LESS THAN 24 HOURS NOTICE WITHOUT SUFFICIENT REASON, THE CLIENT MAY BE HELD RESPONSIBLE FOR THE FULL CHARGE
TRAVEL:	FOR ANY SERVICES PROVIDED OUTSIDE OF THE OAHU SPEECH OFFICE: \$1 PER MINUTE OF THE THERAPIST'S TRAVEL TIME
*ALL CHARGES AND RATES DETAILED ABOVE ARE SUBJECT TO HAWAII STATE EXCISE TAX OF 4.712%	
LATE PAYMENT:	A LATE FEE OF 5% MAY BE APPLIED IF PAYMENT IS MORE THAN 30 DAYS OVERDUE. SERVICES MAY BE PLACED ON HOLD UNTIL PAYMENT IS RECEIVED.
BOUNCED CHECK:	A SERVICE FEE OF \$25.00 WILL BE ASSESSED FOR ALL RETURNED CHECKS

PAYMENT RESPONSIBILITIES

OAHU SPEECH DOES NOT PARTICIPATE WITH MOST INSURANCE PLANS. IF OAHU SPEECH DOES NOT PARTICIPATE WITH AN INSURANCE PLAN, THE CLIENT WILL BE RESPONSIBLE FOR PAYING THEIR BILL AND FILING THEIR OWN CLAIMS WITH THEIR INSURANCE COMPANY FOR REIMBURSEMENT.

IF INSURANCE OR A THIRD PARTY IS RESPONSIBLE FOR PAYMENT, CLIENTS WILL BE RESPONSIBLE FOR OBTAINING AUTHORIZATION IN WRITING PRIOR TO THE START OF SERVICES.

OUT OF POCKET PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. A RECEIPT WILL BE PROVIDED UPON REQUEST.

I HAVE READ AND UNDERSTAND THE EXPLANATION OF CHARGES AND ACCEPT MY RESPONSIBILITIES FOR PAYMENT OF SERVICES.

SIGNATURE

DATE



1010 South King Street, B-4, Honolulu, Hawaii, 96814
Phone: 808-593-0030 Fax: 808-593-0026

HIPAA

In compliance with Federal HIPAA regulations, Oahu Speech Language Pathology Consultants (Oahu Speech) does not sell any personal information about our patients. Oahu Speech will not share any confidential information with another entity or individual without a patient's (or responsible party's) expressed consent.

Limited information may be disclosed without the patient's consent in certain circumstances such as:

- Public health concerns
- Suspicions of abuse or neglect
- Judicial or administrative orders such as subpoenas
- Medical emergencies
- To aid law enforcement in identifying an individual
- To report a crime
- To aid federal officials conducting national security activities

Before any information is disclosed, attempts will be made to notify the patient (or other responsible parties) to obtain consent.

YOUR OPTIONS

You may ask any questions or bring up any concerns about the services you are receiving.

You have the option of requesting any changes to your services. We will do our best to accommodate your wishes.

Do not hesitate to call the office at 808-593-0030 and speak with Dale or Mary.

Please understand that it may take some time to make any scheduling or personnel changes.

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF HIPAA REGULATIONS AND THAT I HAVE BEEN INFORMED OF MY OPTIONS AS A PATIENT OF OAHU SPEECH AND LANGUAGE PATHOLOGY CONSULTANTS.

SIGNATURE

DATE

REVISED 11/2018