



ALL ABOUT SPEECH & LANGUAGE

Good Faith Estimate Procedure

NEW CLIENTS:

Self-Pay & Family Empowerment Scholarship (FES)/Step Up

After initial appointment is confirmed with the prospective client, Patient Scheduler will fill out the first page of the Good Faith Estimate (GFE) form as thoroughly as possible, including diagnosis. Please check with Operations Director if diagnosis is unknown. If the parent does not want the child to have a diagnosis, note, "Parent Declined".

Patient Scheduler will email the GFE out within 3 business days after scheduling the appointment. The body of the email will confirm the day, time, office location, and therapist for the initial appointment. The email will also include a policy attachment (Waiver and Release Agreement, ROI, and Emergency Permission) that must also be signed prior to the initial appointment. In this email, also include a sentence such as, "Per the attached Good Faith Estimate, you will be required to pay \$_____ either before the appointment or upon your arrival. If you would like to make payment in advance, please contact our office at 813-616-4004."

The two attachments can either be signed at the time of the appointment, or signed and emailed back to AASL. If they sign and email back, respond by reminding them to bring payment in full at the time of the appointment, listing the amount due. If they plan to bring it in, Front Desk can retrieve both documents with signatures and collect payment for the initial appointment. Front Desk will provide the client a copy of both forms.

Front Desk will then give the signed Good Faith Estimate form to the Patient Scheduler.

Patient Scheduler will include this form in the New Client Welcome Folder, filling out the back page with all of the information, including the 12-month estimate, requesting signature from client at the Scheduling Appointment, making a final copy for the client, and returning the form to Front Desk to scan into self-pay clients chart.

The therapist emails the Patient Scheduler the recommendations for frequency and duration. NOTE: Frequency and duration should always be what would benefit the child the most and ensure the estimate is based on this amount of therapy recommended for the child. This is crucial as it provides the Patient Scheduler with the needed information to fill out the form.

The Patient Scheduler will always fill out the form per the recommendations, not the actual scheduled appointments which could be less due to scheduling conflicts, client's tolerance level, etc.

If the meeting is done via Zoom, Front Desk will collect all signed forms at the first appointment and upload into the client's chart. If the client is teletherapy only for treatment appointments without an initial in office appointment or two (doesn't happen often), AASL will send out a self-addressed stamped envelope to collect all necessary signed paperwork before therapy will commence.

EXISTING CLIENTS (Re-Evaluation Time)

Once the Front Desk is notified by the therapist of the confirmed time for the re-evaluation, Front Desk will email the Good Faith Estimate when sending the email confirming the scheduled re-evaluation, with the Medical History Update form.



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In this email, also include a sentence such as, "Per the Good Faith Estimate, you will be required to pay \$_____ either before the appointment or upon your arrival. If you would like to make payment in advance, please contact our office at 813-616-4004."

The two attachments can either be signed at time of appointment, or signed and emailed back to AASL. If they sign and email back, respond by reminding them to bring payment in full at the time of the appointment, listing the amount due. If they plan to bring it in, Front Desk can retrieve both documents with signatures and collect payment for the initial appointment.

Per the revision in the **Therapist Procedure for Medical History Updates** (Page 6):

8. Therapist will email Front Desk within one business day of the recommendations for therapy moving forward, the frequency and duration. Front Desk needs this information to satisfy the regulations of the No Surprises Act, Good Faith Estimate, to inform the client of the 12-month projected cost of therapy services.

NOTE: Frequency and duration should always be what would benefit the child the most and ensure the estimate is based on this amount of therapy recommended for the child. This is crucial as it provides the Front Desk with the needed information to fill out the form.

The Front Desk will always fill out the form per the recommendations of the re-evaluation, not the actual scheduled appointments which could be less due to scheduling conflicts, client's tolerance level, etc.

Front Desk will email the completed and final two-page document for their review. They can either sign and email back, or we can have a hard copy waiting for them to sign at the first appointment after the re-evaluation.

Front desk will scan in the entire document in Raintree.

To Check Case Compliance, if necessary:

The screenshot shows the Raintree software interface. On the left is a sidebar with navigation options: Scheduler, Patient Files, Daily Ledger, Reports / Forms, Connect, Tables, Utilities, What's Up, and Exit. The main window has a tabbed interface with 'Case Information' selected. Under 'Case Information', there's a 'Visit History' section showing a list of visits with columns for Date, Time, and Status. To the right, the 'Visit Tracking' section is active, displaying a table with columns: From, To, Planned, Used, Rem, Not Sched, Effective End, and Details. The table shows data for visits from 02-21-22 to 02-19-23. A red arrow points to the 'Current POC Frequency/Duration' section, which shows '2 visits per week' for '52 weeks'. Below this, there's a 'Treatment Duration' field set to '30 minutes' and a 'Reset Metrics and Tracking' button.

TRICARE Insurance

When the Patient Scheduler provides the New Client Welcome Folder to the client, they will receive a copy of their TRICARE plan information, highlighting their current Deductible and Catastrophic Cap, if applicable. This will ensure that there is no confusion about any out of pocket expenses via cost share and co-pays that will be due from AASL.

The Front Desk will provide the TRICARE plan information to the existing client at the time of the re-evaluation if they have a plan that requires co-pays and/or cost share.



Sign and date with your name if you are required to know this policy. By signing you are attesting that you have received, read, and understand the policy, and will apply it as required.

(Date)

[illegible]