



# MOSAIC Rehabilitation, Inc.

Bellevue Location  
13010 N.E. 20<sup>th</sup> Street, Suite 300  
Bellevue, Washington 98005  
Phone: (425) 644-6328  
Fax: (425) 644-6295

Seattle Location  
2111 N Northgate Way, Suite 101  
Seattle, Washington 98133  
Phone: (206) 388-3751  
Fax: (206) 556-4515

Issaquah Location  
1495 Gilman Bloulevard, Suite 4  
Issaquah, Washington 98027  
Phone: (425) 392-2346  
Fax: (425) 392-0185

## POLICES & PROCEDURES

Updated: September 2014

MOSAIC Children’s Therapy Clinic would like to welcome you to our facility. We are pleased that you have chosen us to provide care to your child. The following is a summary of our policies. Please retain this information for future reference.

### HOURS OF OPERATIONS:

The MOSAIC clinic in Bellevue is open Monday through Thursday 8:00am to 6:00pm, Friday from 8:00am to 5:00pm and Saturday from 8:00am to 5:00pm. The clinic in Seattle is only open Monday through Friday 8:00am to 6:00pm. The clinic in Issaquah will be open Monday through Friday 8:00am to 6:00pm and Saturdays by appointment.

MOSAIC is also closed on the following holidays: New Years Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day (other scheduled closures will be posted in the parent waiting area or on our website).

### APPOINTMENTS:

Appointments are scheduled following the initial evaluation. Please check with the front desk after your child’s initial evaluation to schedule on-going treatments. **(NOTE: Your child may or may not be scheduled with the therapist that has performed the initial evaluation).** Once scheduled, your child will be seen weekly at the same time unless otherwise specified by the therapist or administrative staff. If you need to change your child’s ongoing treatment day and time please notify us as soon as possible. We will do our best to accommodate your needs but cannot guarantee your preferred day and time request. If we cannot meet your request, your child will be placed on our wait list and will be notified if it becomes available.

**Wait List Procedure: We cannot guarantee a timeframe on when your preferred time will become available. Time slots are offered first to current patients on the therapy schedule. If we are unable to fill the time slot, calls are then placed to patients on our waitlist according to the date they were added on a first come, first serve basis.**

### ALLERGY AND/OR DIETARY CONCERNS:

If your child has allergies or dietary concerns, please notify the therapist and/or front desk so we may place a note on your child’s chart. Because many children have allergies to animal dander, pets are not allowed in the clinic.

### OBSERVATIONS:

You are welcome to observe your child’s therapy session at any time. Please check with your therapist prior to the initiation of the treatment session. If you are not observing, you are welcome to wait in our waiting room area. If you need to leave the building for any reason, please make certain that your therapist and the front desk has a contact number where you can be reached in case of an emergency. **We ask that parents return 10 minutes prior to the end of the schedule session.** This will allow the therapist time to review your child’s progress and answer any questions you may have. Parents are required to stay on the premises at all times if their child has a medical condition that requires specific medication or emergency care. Parents should never be more than 10 minutes away from the clinic (including drive time).

Other professionals are welcome to observe your child’s therapy session. Please notify your child’s therapist if you wish to set up an observation.

### CLIENT REQUESTED SERVICES:

These services are provided by a MOSAIC team member and are not covered by insurance. These services may include parent meetings, meetings with other professionals, and observations at schools, travel time, telephone conversations, e-mails and reports. These non-covered services will be billed at the current hourly rate. A discount may be provided if payment is made at the time of service.

### EDUCATIONAL CONSULTANT SERVICES:

These services are billed directly to the clients, the rates will be discussed with you at the time the services are requested.

### OTHER CLINIC RULES:

Children must be supervised at all time while in the clinic space. It is the clinic policy that children who are not participating in therapy are not allowed in the gym or other treatment areas. Please supervise your children while they are in the waiting area.

### **ATTENDANCE:**

In order for your child to receive the maximum benefit from therapy services, it is important that you attempt to keep all scheduled appointments. We understand that there may be times that attendance is not possible (illness, family emergency). However, ***your child must attend at least 80% of their scheduled therapy sessions over a three month period (10/12 sessions) or risk being removed from the schedule.*** Some insurance companies may deny all sessions if they show a pattern of poor attendance on the basis that the services are not medically necessary if missing sessions is not having a negative impact on the child. If you miss a scheduled appointment please work with the front office to schedule make up session on subsequent weeks. Please be mindful of this when scheduling vacations and other appointments. If your child is removed they will be placed on an on-call list, you may then call at the beginning of each week to schedule an appointment where a therapist has a cancellation on her schedule.

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Initial

1. **Illness:**

If you, your child or one of their siblings is sick or has a fever please do not bring them to the clinic. If your child has experienced vomiting, diarrhea or any infectious commutable conditions please make certain they have been symptom free for at least 24 hours before bringing them to the clinic or resuming therapy. Exception to the cancellation policy may be made in instances of emergency or illness.

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Initial

2. **Cancellations:**

In the event that your child is ill or if there is a family emergency, please call us as soon as you are able to do so. 'Late Cancellations' (cancellations LESS than 24 hours prior to the scheduled therapy visit) are costly to our office and will be assessed and a fee will be charged directly to the patient depending on the services that are missed. You are encouraged to reschedule your therapy appointments.

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Initial

3. **Late Arrivals and Pick-up:**

You must arrive timely for your child's therapy session. If your child's session is not able to start within 8 minutes of its scheduled start time you will be required to pay privately for the first 15 minutes of the session. Charges will apply for this time.

If you will not be attending your child's therapy session, you must be in the lobby 10 minutes prior to the scheduled end time. We do not provide babysitting services. You will be charged our current billing rate for any late pickups.

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Initial

4. **No Shows:**

*If you fail to keep a scheduled appointment and have not cancelled you will be charged a no-show fee.* If your child is scheduled for more than one discipline on a given day, the cancellation and or no-show fee will apply to each scheduled appointment missed.

### **Please Note:**

- Two 'No-Shows' and/or numerous 'Late Cancellations' and 'Late Arrivals and/or Pick-ups' will result in removal of your therapy time slot.
- Appointments missed more than 2 weeks in a row within a 3-month period (i.e. for vacations or other reasons) will result in loss of therapy time slot. If a patient will be gone more than 2 weeks in a row and you want to keep the spot/s, you can choose to cash pay for those visits you will miss in order to reserve your spot.
- Current rates and charges per discipline can be provided to you by the front desk.

It is not our intention to cause undue hardship; however we must collect our receivable as efficiently as possible in order to continue our service to the community.

### **INSURANCE VERIFICATION AND TRACKING:**

Please provide proof of insurance prior to or at the time of your visit. MOSAIC will phone your insurance company to verify that your policy is in effect and to determine if there is a co-payment due at the time of service. Please remember that it is your responsibility to know what your insurance plan coverage is. We will call and verify benefits and do our best to track your visits; however it is ultimately your responsibility to know what is covered by your plan and any limitations.

1. **Co-Payments:**

Your co-payments are due at the time of service. It is your responsibility to check in and make payment at every visit. We understand that at times the front lobby can be very busy and you may have to wait in order to accomplish this. **If your co-payment is not made at time of service and we need to bill you we will charge a billing fee of \$10.00 per visit.**

2. **Co-Insurance:**

Most insurance plans carry a co-insurance. Upon receipt of your first insurance explanation of benefits if you have a co-insurance we will begin to collect that amount from you at the time of service also.

3. **Deductible:**

Deductible payments are to be paid at the time of service until the balance has been met.



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I acknowledge receipt of MOSAIC Children's Therapy Clinics Policies and Procedures.

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

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Witness / Date (to be signed by MOSAIC Staff Member)

Copies: 1- patient chart    2- parent (s)

Please refer to the Parent Handbook regarding any other information.

