Bloom & Speak
POLICIES

- Bloom & Speak is an agency contracted with the Arizona Division of Developmental Disabilities (DDD) to provide Home and Community Based Services (HCBS) that include speech Language pathology. Prior to an evaluation or ongoing therapy, an authorization is needed from the child's DDD support coordinator.

- A parent or designated adult shall be present at therapy sessions to review, verify and sign daily Treatment Logs or other documentation.

- Parent involvement will enhance the implementation of the child's home program. The parent should be knowledgeable of the program elements and communicate necessary updates in the child's programming needs in a timely fashion. Parent participation may include, inviting the provider to participate in ISP meetings and/or participating in Home Program meetings to help define appropriate goals.

- It is the shared responsibility of the parent and provider to inform one another in advance, when possible, of absences. The parent should inform the provider of any illness or medical condition and optimally, services should be rescheduled in order to prevent spreading the illness. It is the responsibility of the parent to inform Bloom & Speak when a substitute provider will be necessary, for example, when a provider is expecting an extended absence. We will diligently attempt to provide a substitute provider; however, circumstances may limit our ability to provide a substitute.

- Bloom & Speak and our providers are required by law to report immediately any suspicion of abuse, neglect, or exploitation of a child.

- We request a 24-hour appointment cancelation notice. If patient does not call to cancel and fails to keep their appointment, there will be a charge for half of the scheduled session. If you have 2 or more cancellations within a 4-week period, or 2 or more no shows, we reserve the right to discontinue services.

- The relationship between patient and provider is considered to be "at will." The patient and/or provider are under no obligation to maintain the relationship and may suspend or end services at any time with a verbal or written notice.

Mailing: 3370 N. Hayden Rd. #123-419 Scottsdale, AZ 85251
P: 480-648-3502 F: 480-499-5879
info@bloomandspeak.com
www.bloomandspeak.com

PATIENT REGISTRATION

PATIENT FIRST AND LAST NAME_____

FEMALE____ MALE____ BIRTHDATE_____TODAY'S DATE_____

ANY KNOWN ALLERGIES?_____

PARENT OR GUARDIAN_____

ADDRESS_____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ CELL _____WORK_____

EMAIL ADDRESS_____

WHAT IS THE BEST WAY TO CONTACT YOU FOR SCHEDULING? ____ EMAIL ____ PHONE

INSURANCE INFORMATION

INSURED FIRST AND LAST NAME_____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)_____

EMPLOYER_____

INSURANCE _____ INSURANCE PHONE_____

SOCIAL SECURITY OR POLICY NUMBER _____GROUP NUMBER_____

REFERRING PHYSICIAN _____PHYSICIAN'S PHONE_____

PHYSICIAN ADDRESS_____

DIAGNOSIS_____

ASSIGNMENT AND RELEASE

- I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR PAYMENT TO BLOOM & SPEAK FOR CHARGES NOT COVERED BY DDD. I AUTHORIZE MEDICAL BENEFITS TO BE PAID DIRECTLY TO BLOOM & SPEAK. I ALSO AUTHORIZE BLOOM & SPEAK, DDD OR THE INSURANCE COMPANY TO RELEASE ANY INFORMATION REQUIRED FOR THIS CLAIM.
- IF I CHANGE INSURANCE PLANS OR COMPANIES, I WILL INFORM BLOOM & SPEAK AS SOON AS POSSIBLE TO EXPEDITE CORRECT BILLING.

Parent Signature : *Date:*

Kindly e-mail, snail mail or fax this registration before your next scheduled session

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Bloom & Speak

TEAM

Armida Carr - SLP

Heather Balliet - SLP

Nike Boothe - SLP

Tiffany Daoud - SLPA

Elaine Laukaitis - SLPA

Teresa Messier - SLPA

Tina Besthoff - SLPA

Elise Adland - SLP

Amy Franks - SLPA

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