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[www.bloom-behavioral-solutions.com](http://www.bloom-behavioral-solutions.com)

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## Practice Policies and Information

### Treatment Fee Structure:

#### ABA Services:

Initial ABA Assessment: **\$600**

ADOS-2 (Autism Diagnostic Observation Schedule-2): **\$750**

**\$125** per hour for BCBA's

**\$100** per hour for BCaBA's.

**\$60** per hour for Registered Behavior Technicians (RBT)

Petit Sprouts: the above listed applicable rates as Peitt Sprouts is 1:1 ABA treatment

Super Sprouts Social Group: **\$90 per week** (2 hours sessions each Wednesday)

*All ABA clinicians and therapists are certified through the Behavior Analysts Certification Board (BACB)*

#### Occupational Therapy:

Initial Evaluation by a licensed Occupational Therapist: **\$250**

Treatment provided by a licensed Occupational Therapist: **\$100 per hour**

Treatment provided by a licensed Certified Occupational Therapy Assistant (COTA) under the supervision of a licensed OT: **\$60 per hour**

#### Speech Therapy:

Initial Evaluation by a licensed Speech Language Pathologist (SLP): **\$250**

Treatment provided by a licensed Speech Language Pathologist: **\$90 per hour**

#### Cancellation and Late Fees:

Cancellations with less than 24 hours notification: **\$50 per appointment** (Please refer to our cancellation policy for more details)

Payments are due when services are rendered. Past due payments are subject to a **10% late fee** of the total amount of the invoice

**Late Pick-Up Fees:** If a patient is picked up more than 5 minutes late of their scheduled session, a \$1.00 per minute late will be charged.

*\*\*\*The fee structure for all services rendered through Bloom Behavioral Solutions, Inc. is subject to change.*

## Payments

**All Payments are due at the time services are rendered.** Payments include private pay fees, co-payments, cost shares, unmet deductibles, and any other miscellaneous charges. **As a courtesy, Bloom will submit claims on your behalf to your insurance company. In the event that services are not covered, the appropriate responsible party will be invoiced for the services rendered.**

Past due accounts are charged a late fee of **10% of the total bill** and are subject to being sent to collections.

Clients whose accounts are in a past due status and who have not made **prior** arrangements with our office manager for payment may have services put on hold until payment is received. In the event that services are placed on hold due to financial default, the client's prior treatment schedule may no longer be valid. If and when services resume when the account becomes current, a new scheduling contract may be required due to limitations within the company's scheduling and staffing abilities.

In some cases, materials may be purchased for the client. Such purchases may include food, diapers, etc. These items will go on an invoice and must be paid at the time services are rendered.

**Clients who are seeking third party reimbursement acknowledge the client's ultimate financial responsibility for services rendered in the event that your insurance company denies payment, or does not remit payment to Bloom.**

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## Appointments & Scheduling

### Description of Services:

We are able to provide treatment within the boundaries of your scheduling agreement. **Bloom is not equipped to provide on-call services, or emergency treatment.** In special circumstances, and advanced scheduling, we may accommodate meetings, PMT, off-site treatment, etc. outside of the agreed upon treatment schedule.

### Scheduling Procedures:

There are many variables incorporated with the development of a treatment schedule. Such variables include insurance coverage, treatment authorizations, program needs, permitted providers, and therapist availability. We will do our best to accommodate requested days/times. However, please note that the aforementioned variables may impede certain requests.

***Please Note: An assessment does NOT guarantee further provision of services. Services are recommended based upon the clinical recommendation of the provider, medical necessity, and service availability.***

### Scheduling Agreement:

Once a set schedule is developed for a patient, the client will be provided with a scheduling agreement that states that they understand and will adhere to the treatment schedule. Please refer to the cancellation and attendance policy for fees. **The scheduling agreement is NOT a guarantee of services. Due to expected and unexpected variables, this may include, but is not limited to clinician availability, illness, authorizations requirements/restrictions, and time when the clinic is closed due to trainings or extreme weather related emergencies. Throughout the duration of treatment at Bloom, schedules may be modified due to medical necessity as well. Such circumstances include clinical recommendations for the increase or reduction in treatment based upon patient progress.**

### Arrival Procedures:

If you arrive early to your appointment, you are more than welcome to wait in the lobby. Please note that our therapists typically have appointments back to back. Thus, in most cases we are not able to start the scheduled therapy session in advance if you arrive early. **Please note, repeated late arrivals may lead to changes within the treatment schedule.**

## **Late Fees:**

Please arrive 10 minutes prior to the end of your therapy appointment to discuss the progress of the session. If you arrive more than 5 minutes past the scheduled ending time of your appointment, your account will be subject to a late fee of a \$1 per minute late. ***All late fee payments are due before your next appointment. If payment is not made by that date, services may not be rendered. In the event that late arrivals are reoccurring, your set schedule may be modified or no longer honored.***

## **Cancellation and Attendance Policies**

### **Illness Policy:**

If a patient is ill, please notify the clinic as soon as possible to reschedule your appointment. Illness for Bloom Behavioral Solutions is defined as vomiting and/or diarrhea, having a fever, eyes or respiratory discharge, open sores that are not able to be covered, and/or having known bacterial infections. In order to return to therapy, the patient must be fever free for 24 hours.

Patients that present with illness symptoms may be sent home at the discretion of management.

In the event that patients miss more than 3 consecutive appointments, are hospitalized, or seeks medical attention from a hospital facility, they must provide a physician's note to return to therapy. A copy of medical records outlining physical restrictions upon return to therapy must also be provided.

At Bloom we take universal medical facility precautions for the protection of our clients and staff.

### **Cancellations:**

A cancellation with **less than 24 hours**, may result in a **\$50 fee per cancellation**. A cancellation is defined per appointment. For instance, if a patient is scheduled for three different therapies (ABA, OT, Speech), the fee will be \$150. We ask that you provide our staff with as much notice as possible for cancellations, so that we may modify the therapist's schedules accordingly.

### **Attendance Expectations:**

Each client is expected to **attend 90% of therapy** per their contractual scheduling agreement **per quarter**, as outlined prior to the commencement of continuous care. The scheduling agreement is based upon clinician recommended care, clinician, and client availability, and client agreement. The quarters are based upon the 12 month calendar year beginning in January.

### **Discharge and Transfer of Service Procedures:**

It is common for therapists to refer a client to a different practice to accommodate the specific needs of a patient and/or adhere to company policies. Additionally, failure to adhere to contingency contracts between Bloom Behavioral Solutions, Inc. and the appropriate client parties, transfer and discharge procedures may take place. Please refer to your individual agreements with your therapists for specific discharge criteria.

*Bloom Behavioral Solutions, Inc. adheres to all required ethical standards and guidelines from the BACB and the enforceable standards of the APA for all services, including discharge and transfer of service procedures. Bloom Behavioral Solutions, Inc. reserves the right to cease services if the client does not adhere to the company policies outlined in the present document. Bloom Behavioral Solutions, Inc. does not discriminate between race, gender, religious belief, or sexual orientation.*

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### **Travel & Transportation Procedures:**

In-home or community services may be provided when deemed a medically, or clinically appropriate component of the patient's plan of care. Such services will be provided on a case by case basis, and limited to the availability of the treatment team.

The mileage radius for off-site services is limited to a **20-mile** radius from the clinical location.

Patient transportation by clinical staff may be determined a necessary component of the patient's program. This may include, but not limited to community therapy. If you agree to this service, you must sign the Patient Transportation Acknowledgement and Policy Form.

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## **Expectations from Caregivers and Guardians for Clinical and On-Site Treatment**

### **Caregiver Training:**

To ensure the continuity of care it is essential that caregivers participate in the treatment plan of the patient. Caregivers such as parents or legal guardians are expected to attend quarterly meetings with therapists and supervisors to review current prognosis and further clinical expectations. Your therapist/supervising clinician may require you to collect data in the home environment to track behavioral progress. This is an integral part of therapy, and necessary for appropriate modifications to treatment plans. Additionally, caregiver training may be a program requirement based upon treatment goals and generalization of skill acquisition.

Contingency Contracts may be required based upon your child's program and amount of necessary caregiver training.

### **Clinical Materials Responsibility:**

Caregivers are responsible for all materials necessary to provide for a patient's basic needs and treatment program. This may include, but is not limited to food, additional clothing, reinforcers, communication devices, toileting materials, etc. In the event that necessary materials are not sufficiently provided, Bloom may provide such resources and bill the client for the amount purchased.

### **In-Home Requirements:**

A parent or caretaker must be present during the therapy session if there are children other than the patient such as siblings that are also present. A parent or caretaker is not required to be present during the therapy session if there are no children other than the patient left in the home. In the event that the parent or caretaker leaves the home during the therapy session, they must return at least 10 minutes prior to the end of therapy. A therapist may only leave a patient with caretakers that are listed under the caretaker section.

It is the responsibility of the parent or caretaker to provide a therapeutic environment in the home that is free from distractions or interruptions. In most cases, this includes pets or siblings that could interfere with the progress of the session. In some circumstances, the therapist may request the presence of parents or siblings for training purposes. In some situations, problem behaviors may occur. These behaviors might include, but are not limited to, verbal or physical aggression, property destruction, self-injurious behaviors, etc.

Our in-home therapists are trained extensively on how to deescalate problem behaviors. Therefore, it is imperative due to company policy, involvement from parents or caretakers is not permissible unless otherwise stated or a caretaker training session is in place. Based on the environment, a therapist might choose to work with the patient in a room with closed doors, such as the child's bedroom. This is a common practice in therapy depending on target skills and environmental factors.

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## **Ethical Guidelines**

Although the relationship between a provider and client involves personal interactions and discussions, it is important that a professional relationship is maintained. Each discipline offered by Bloom Behavioral Solutions is subject to ethical standards set forth by the governing body of that discipline. Below are examples of situations that can become ethical concerns and therefore dictate the interaction a provider can have with a client.

- **Dual Relationships:** Guidelines require that Dual Relationships between provider and client be avoided. The relationship between the provider and the client should be a professional one, with focus on the client and his or her treatment. To prevent dual relationships from forming, the following policies have been developed.
- **Social Media (i.e. Facebook, Twitter, Instagram, text messaging, etc.):** It is policy that staff is not connected to active providers/active clients through social media websites including, but not limited to, Facebook, Twitter, Instagram, etc. If

text messaging is the preferred form of communication for the parents, it is only to discuss scheduling and cancellations. In addition, all email communication should be client-focused.

- Gifts (birthdays, holidays, goodbyes, etc.): In order to prevent potential dual relationships from forming, Bloom Behavioral Solutions has a gift policy in place that prevents staff from accepting gifts of any type from a client. While we very much appreciate this token, it can make the provider-client relationship cloudy and difficult to prevent from turning into a dual relationship.

Any client/patient with concern or complaints can complete the Patient Concern Form or request to speak with the owners or Business Manager.

The following is a list of governing boards and the website to access each discipline's Code of Ethics:

Behavior Analyst Certification Board

[https://www.bacb.com/wp-content/uploads/BACB-Compliance-Code-english\\_190318.pdf](https://www.bacb.com/wp-content/uploads/BACB-Compliance-Code-english_190318.pdf)

American Speech-Language Hearing Association (ASHA)

<https://www.asha.org/Code-of-Ethics/>

The American Occupational Therapy Association, Inc. (AOTA)

<https://www.aota.org/Practice/Ethics.aspx>

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## **CLIENT RIGHTS AND RESPONSIBILITIES**

- Clients have the right to be treated with dignity and respect.
- Clients have the right to fair treatment. This is regardless of their race, religion, gender, ethnicity, age, disability or source of payment.
- Clients have the right to have their treatment and other client information kept private.
- Clients have the right to have an easy-to-understand explanation of their condition and treatment.
- Clients have the right to know all about their treatment choices, regardless of cost or coverage.
- Clients have the right to information about providers.
- Clients have the right to know the client clinical guidelines used in providing and/or managing their care.
- Clients have the right to share in the formation of their treatment plan.
- Clients have the right to know about their rights and responsibilities in the treatment process.
- Clients and providers have the right to be treated and work in an environment that is free from any form of sexual harassment.
- Clients have the responsibility to give providers the information they need to deliver the best possible care.
- Clients have the responsibility to let their provider know when the treatment plan no longer works for them.
- Clients have the responsibility to follow their medication plan. They must tell their provider about medication changes, including medications given to them by other providers.
- Clients have the responsibility to treat those giving them care with dignity and respect.

- Clients have the responsibility to keep their appointments. Clients should call their providers as soon as possible if they need to cancel visits.
- Clients have the responsibility to ask their providers questions about their care. This is so they can understand their care and their role in that care.
- Clients have the responsibility to follow the plans and instructions for their care. The care is to be agreed upon by the client and provider.
- Clients have the responsibility to know the terms of their insurance policy coverage.
- Clients have the responsibility to pay for services rendered in a timely manner.

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**Please contact the following staff for information regarding financial accounts:**

Jennifer Karst, B.A. --- Office Manager [jkarst@bloom-behavioral-solutions.com](mailto:jkarst@bloom-behavioral-solutions.com)

**Please contact our Clinical Directors for clinical or scheduling matters:**

Genevieve Covington, M.A., BCBA—Co-Founder & Director of Petit Sprouts [genevieve@bloom-behavioral-solutions.com](mailto:genevieve@bloom-behavioral-solutions.com)

Rebekah Wotton, M.Ed., BCBA--- Co-Founder [rebekah@bloom-behavioral-solutions.com](mailto:rebekah@bloom-behavioral-solutions.com)

Ciara Williams, M.Ed., BCBA--- Assistant Clinical Director [cwilliams@bloom-behavioral-solutions.com](mailto:cwilliams@bloom-behavioral-solutions.com)

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Please provide the patient name and DOB below and sign to acknowledge that you have read, understand, and agree to the terms and policies outlined within this document.

*By signing below, you agree to the terms outlined within this document. You also agree that failure to adhere to our practice policies may result in termination of services, and any outstanding accounts may be sent to collections.*

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

\_\_\_\_\_  
Patient DOB

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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**Office Use Only**

\_\_\_\_\_  
Office Witness

\_\_\_\_\_  
Date