



NOTICE TO MEDICAID PATIENTS

As a requirement of Medicaid we must obtain preauthorization for all Medicaid visits prior to initiating any treatment or procedures other than the initial evaluation. Once authorization has been secured and verified by our office from Medicaid we are required to maintain a frequency of visits for the authorized treatments as initially requested from Medicaid. Generally speaking, this is usually 1-2 visits per week. If these visits are not maintained as authorized or if you do not attend therapy according the frequency of authorization, Medicaid will deny any further visits and we will not be able to re-obtain authorization for therapy services for the current issue. While we advocate on your behalf to provide the necessary treatment we also are contractually obligated to abide by the regulations as set by Medicaid (since they are paying for your therapy). As such, if you do not maintain the 1-2 visits per week as recommended by the Therapist and/or Doctor we will have to discharge your current case and no further visits will be allowed for the current problem for which you have been or are being seen.

Please help us to help you by keeping all visits as recommended and/or ordered by your Therapist and/or Doctor.

Thank you for your anticipated understanding of this policy.

Sincerely,

Elizabeth Ference
Kids In Stride

I acknowledge that I have read the above notice and agree to maintain the frequency of visits as required by the Therapist and/or Doctor.

Patient's Signature

Date

Signature of Parent or Guardian

Date