

NEW PATIENT INTRODUCTION POLICY

Dear Patient, Parent/Guardian:

Welcome to the Ruttenberg Autism Center As a new patient, we would like to provide you with the following information, which we hope you will find helpful.

Our organization offers specialized autism services to the Montgomery County region and surrounding areas, and is sponsored by The Center for Autism, which has been serving individuals and their families with autism since 1955. We provide specialized evaluation services that are tailored to meet the specific needs of each patient. Our approach is based on the individual's medical health, mental health, and educational history. This provides a more complete picture of the individual's we serve. We also provide specialized treatment services including: Social Skills Groups, Parent & Patient Seminars, Educational Consultation and Specialized Family Support.

For your first visit to our office:

- Please arrive 15 minutes prior to your appointment to allow for chart processing.
- Bring copies of any medical health, mental health, and educational records of the patient that you would like us to keep in the chart with a signed authorization from the releasing behavioral health practitioner.

Location & Contact Information

Address: 1740 Walton Road, Suite 100
Blue Bell, PA 19422
(Free parking is located in the front and on side of the building.)
Phone: 484-567-4725
Fax: 610-397-0990
Website: www.Ruttenberg.com
Email: info@Ruttenberg.com

Office Hours

Our office hours are as follows:

- Monday through Thursday: 9 am - 4:30 pm
- Friday: 9:00 am - 3 pm

Insurance and Payment Information

The Ruttenberg Autism Center accepts credit cards, personal checks, and certified checks for payment.

We reserve the right to charge an extra \$50.00 for checks returned due to non-sufficient funds. The following credit cards are accepted: **Visa, Master Card, and American Express.** We do not accept insurance. Please be advised that if receiving evaluation services, 50% of payment is expected during the initial Intake and the remainder during testing administration. The Evaluation Report will not be released in time for the feedback session until payment is "**paid in full**" and cleared. Unverified payments will result in your feedback appointment being rescheduled. For all other services, payment of the full balance is expected prior to the initial session. Upon

receiving payment for services, a receipt will be provided for your records and/or for the purposes of presenting to your insurance company for reimbursement, if applicable.

Canceling or Rescheduling an Appointment

We realize that your time is valuable and hope that you realize the time of our clinical professionals is also valuable.

If you are more than 30 minutes late, we will need to reschedule your appointment. If you are unable to keep your scheduled appointment, we ask that you provide us notification more than 24 hours in advance so that we may provide an opportunity for another patient to secure the appointment or group slot. Due to no-show, you will incur a fee of \$25.00 for evaluations and \$50.00 for cancelling/no shows prior to the 1st session of a group. Three consecutive no shows with regards to groups, will be considered an indication of withdrawal of a group.

Refund Policy for Groups

- A full refund will be provided in the event that the Ruttenberg Autism Center cancels a therapy session or evaluation.
- There will be a **50% refund** for cancellations prior to therapy session # 4.
- No refunds will be provided for cancellations made after the 4th therapy session.

If you have any questions or concerns, please call our office at 484-567-4725. Thank you for choosing the Ruttenberg Autism Center.

I certify that this policy has been fully explained to me and that I understand its contents.

Signature of Patient (14 years of age or older)

Date

Signature of Patient’s Parent/Legal Guardian

Date

Signature of Ruttenberg Staff explaining the policy

Date

(Check if applicable) The Patient is physically unable to provide a signature, and has instead freely given verbal consent as authorized above, fully understanding the nature of this form.”

Signature of Ruttenberg Staff or Witness

Signature of Ruttenberg Staff or
Witness

**Two witness signatures are required when the Patient is physically unable to sign and has given verbal consent.*