

## IRONSTONE THERAPY, INC.

2017

Welcome to Ironstone Therapy, Inc. and thank you for your interest in our services which include Physical, Occupational and Speech/Language Therapy.

We are pleased to enclose our therapy enrollment packet which provides you with information about our unique programs, its services and how to register for therapy.

All of our therapy begins with an initial evaluation by one of our therapists. At that time, a medically oriented treatment plan and goals will be established and discussed with you. After this evaluation, we will then be able to begin your regularly scheduled therapy sessions. Please refer to the enclosed "Enrollment Procedures" page for guidance on what information we will need from you if you would like to proceed with therapy.

We ask that any time you have a question or are not satisfied with any aspect related to the services provided at our facility you will discuss it with us promptly and openly. Misunderstandings and/or lack of communication are obstacles to a continued satisfying and beneficial professional relationship.

We hope that the enclosed information answers any questions you may have concerning Ironstone Therapy and the services we offer. If you have any additional questions or would like to schedule a visit, please call us anytime during office hours. We look forward to meeting you soon.

Thank you again for your interest in our program.

Sincerely,

*Silvia Dieckow*  
Program Director

*Paulina Brunelle*  
Program Coordinator

## **IRONSTONE THERAPY, INC.**

### **COMMONLY ASKED QUESTIONS**

#### ***What is Ironstone Therapy?***

Ironstone Therapy, Inc. is a non-profit organization that provides physical and occupational therapy services to individuals with disabilities. Services include evaluation and medically oriented therapy treatments which address established goals.

#### ***What is therapy at Ironstone?***

**“Equine assisted therapy”** – is one of the services offered at Ironstone Therapy. Licensed therapists, work in a team effort with equine professionals using horses as a therapeutic tool that enables clients to effectively reach established goals. The walking horse provides a unique three-dimensional movement that simulates the natural walking movement within the individual straddling the horse. Therapy exercises are developed based on this premise, with active participation by the client intensified simply by the nature of the activity. The horse is used as a therapeutic tool in conjunction with other traditional therapeutic tools.

#### ***What is the philosophy of Ironstone Therapy?***

Ironstone Therapy seeks to provide quality therapeutic services to all individuals who can benefit from such services. The underlying goal for all involved is to help people with disabilities reach their greatest potential for independence. Therapies offered address issues that impede functional life skills. Therapeutic tools, together with the expertise of the therapeutic staff, contribute toward overcoming such issues and thus improving our clients’ quality of life.

#### ***Are there third party payers that can help to offset the costs of therapy?***

With appropriate physician prescription and insurance company approval, Ironstone Therapy can bill certain insurance providers for evaluation and treatment costs. Ironstone Therapy has contracts with several Early Intervention Providers for clients under the age of three. Please check with the office to see if your program is covered.

#### ***What is the difference between services offered by Ironstone Therapy and those offered by the Challenge Unlimited therapeutic riding program?***

The therapy services offered by Ironstone Therapy are medically based, as opposed to the recreational and educationally based services provided by Challenge Unlimited. Therapy will be provided by a licensed therapist who will work on specific medical goals for the individual client. A physician’s referral or a referral from an Early Intervention Provider and prescription will be required for all Ironstone Therapy clients.

#### ***Will my child learn to ride a horse through Ironstone Therapy?***

The horse is used as a therapeutic tool that provides the unique dynamic movement utilized by the therapist to enhance therapeutic activities - so your child will not learn to ride a horse, though he/she may be on a horse during your therapy.

## IRONSTONE THERAPY, INC.

### Enrollment Procedures:

Please make sure that you read and understand all information regarding enrollment for therapy and the terms of our Fee Agreement.

- Please return to us the following forms:
  1. Completed “Emergency Authorization, Assumption of Risks and Liability Release” form.
  2. Completed “Client Information” form.
  3. Completed “Fee Schedule and Agreement”.
  4. If you will be using your medical insurance to pay toward the costs of therapy, please attach a copy of both sides of your insurance card.
  5. Completed “Client Consent Form.”
  6. Completed “Physician Referral” form.  
The referring physician has to include a diagnosis (ICD-10) code and prescribe either a “PT or OT evaluation or treatment as indicated.” Please also ask your physician to prescribe PT, OT, or SLP with equine assistance.
- In order to schedule the initial evaluation, we will have to receive all of the above-mentioned forms. Once we receive all the necessary paperwork, we will call you to schedule your initial appointment.

### What to expect in setting up equine assisted therapy:

- If you are not paying privately, Ironstone Therapy will contact your insurance company or other third party for approval of treatment coverage before regular treatment appointments are scheduled. **Please be aware that eligibility or pre-approval from your insurance company is not a guarantee of payment and ultimately you are responsible for payment, authorizations and the number of authorized visits.**
- During your child’s initial one-hour unmounted evaluation, you will meet with an Ironstone Therapy therapist who will determine a treatment plan indicating short and long term goals.
- After your child’s evaluation and upon approval from your insurance company or other third party payer, we will call you to schedule weekly therapy sessions. Once treatment begins, your therapist will record progress notes for each session and relate them to set goals.

## IRONSTONE THERAPY, INC.

### Scheduling and Cancellation Policies:

- **All scheduling and canceling of therapy treatments must be done through the office.** Our office hours are Monday through Friday from 8:00 a.m. through 6:00 p.m. An answering machine is available to leave messages after hours.
- Your initial evaluation time is not necessarily an available time for regular therapy treatments. Arrangements for a regularly scheduled time must be made following the initial evaluation. Treatment times are at a premium, please understand this when scheduling a regular time.
- Regular treatment times may be scheduled immediately following the initial evaluation if the payment method is “out-of-pocket”. If the payment method includes a third party payer, treatment may be scheduled as soon as third party payment is authorized.
- Clients will be scheduled in half hour sessions in accordance with your therapist’s recommended plan of treatment.
- Cancellations must be received 24 hours before the scheduled treatment time or there will be a \$25 late notice charge. There will also be a \$25 charge if the client does not show for the scheduled treatment without prior notice.
- Cancellations must be made directly through the office. Please call and notify the office as soon as you know that you will not be able to keep an appointment or if you need to reschedule. Since responsibility for cancelled treatment will be yours, **please do not cancel treatments through the therapist or any other employee** since only the office handles scheduling and cancellations.
- If a client has three consecutive “cancellations” or “no shows”, we reserve the right to offer that time to another client on a permanent basis. We will make every attempt to work with you to find another suitable time slot.
- Make-up treatment times for cancelled or missed sessions may be scheduled with the office. We cannot guarantee assigning the client’s regular therapist for make-up sessions, although we will make every effort to do so.
- Ironstone Therapy provides service in all weather, with the exception of hazardous driving conditions when a public announcement restricts travel. Do not assume that sessions are cancelled due to weather. If cancellation is necessary, **we will call you** to cancel your appointment.
- If your scheduled therapist is unable to work on a day on which you have an appointment, we will make every effort to provide a substitute therapist for the designated treatment session. However, if a substitute is not available, we reserve the right to call and cancel.



## Ironstone Farm Safety Regulations

### Please read careful

The following regulations have been established for your safety and the safety of all involved in the activities at Ironstone Farm. Please make every effort to abide by them during your time on the premises.

**SMOKING:** There is **NO SMOKING** allowed on the property of Ironstone Farm.

**CHILDREN:** Ironstone is a working farm. We must insist that all children, when not involved in a lesson, remain beside their accompanying adult. Running, yelling, or unaccompanied children can create hazardous situations – for themselves, riders, handlers, staff and other visitors at the farm. Please observe - or ask about – designated areas for viewing lessons. If children behave in an unsafe manner, we may ask you to remove them from the premises.

**PETS and SERVICE ANIMALS:** The animals at Ironstone Farm live in harmony with one another and introduction of a new animal is handled very carefully. Visiting pets will upset this harmony and can be very disruptive creating an unsafe situation. Please leave your pet(s) at home. With regards to service animals, please check with the office before visiting the farm.

**TREATS:** Our animals are on a routine feeding schedule. Their daily intake is carefully monitored. Treats may be harmful to some animals. Also, handfeeding encourages the animals to bite in search of treats and can be dangerous. Please do not feed the animals. If you would like to bring treats for your favorite Ironstone critter, you may label the treat and it will be included in his/her dinner or breakfast.

**PARKING:** Please park in designated areas only. Observe the “No Parking” signs and spaces allotted for pick-up and drop-off of clients. Please do not sound your horn/set car alarms while on Ironstone Farm property – sudden loud noises may frighten the animals residing at the farm as well as clients participating in therapy.

**UMBRELLAS:** Please do not use umbrellas on the property. The odd shape and sudden movement of opening/closing an umbrella can startle our horses.

**THE BARN:** The upper barn is staff-only area. If you need to reach someone in the Barn office, please call us at 978.475.4056 or ask the Welcome Center to contact us for you.

**OBSERVATION:** Our instructors and therapists are trained professionals. Please remain outside the teaching area during lessons. You are invited to watch from designated area.

**PADDOCK:** Only Staff, Working Students and Feeders (all of whom must have Paddock Privileges) are allowed in the Paddocks. *Please, volunteers and visitors are not allowed to enter the Paddocks for any reason.*

*We appreciate your patronage. We pledge to offer you the best in quality, horse-related and therapeutic programming. During your time spent with us, we ask that you have respect for the property, the animals and the staff.*

*Thank you!*

**IRONSTONE THERAPY, INC.**

**ESTABLISHED FEES**

**For Speech Therapy the rates will be as follows:**

<b><u>Service provided</u></b>	<b><u>Charge</u></b>
New Client Evaluation	\$ 175.00
Established Client Evaluation	\$ 90.00
Re-evaluation	\$ 90.00
Treatment	\$ 90.00
Consultation	\$150.00

**For Physical/Occupational Therapy the rates will be as follows:**

<b><u>Service provided</u></b>	<b><u>Charge</u></b>
New Client Evaluation	\$ 175.00
Established Client Evaluation	\$ 85.00
Re-evaluation	\$ 85.00
Treatment	\$ 85.00 (\$170.00/hour; \$ 127.50/45 min}

**Emergency Authorization, Assumption of Risks & Liability Release Form  
Challenge Unlimited, Inc., Ironstone Therapy, Inc. & Ironstone Farm**

**PLEASE READ BOTH SIDES OF THIS AGREEMENT  
SIGNATURE REQUIRED ON THE REVERSE**

\*Client Name: \_\_\_\_\_ \*Gender: M F \*DOB: \_\_\_\_\_ \*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_

\*The Client (myself, child/ward) DOES or DOES NOT have a diagnosis or disability. \*Required Fields

Client Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Client Email: \_\_\_\_\_

Client Cell Phone: \_\_\_\_\_ Preferred Contact with phone: \_\_\_\_\_

Parent 1 Spouse Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent 2 Spouse Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent 1 Spouse Guardian Email: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_

Or: Group Home Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name & Phone# of Employer (Client): \_\_\_\_\_

Name & Phone# of Employer (Parent 1 Spouse ): \_\_\_\_\_

Name of Phone # of Employer (Parent 2) \_\_\_\_\_

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**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person (s) responsible for payment arrangements: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Third party payer contact name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Describe any medical condition or allergy requiring special precautions, and any medication and dosage:

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**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY**

**Inherent Risk / Assumption of Risks.** I/We acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation with another equine, another animal, a person or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to, stopping short; spinning around; changing directions and or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger. I/We also acknowledge that these are just some of the risks and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.

**Emergency Authorization, Assumption of Risks & Liability Release Form**  
**Challenge Unlimited, Inc., Ironstone Therapy, Inc., & Ironstone Farm**

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**Liability Release.** I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone Therapy, Inc. or Ironstone Farm, and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

**\*\*\*WARNING\*\*\***


Under Massachusetts law, an equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the Massachusetts General Laws.

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**In case of a medical emergency, efforts will be made to notify parent(s)/guardian(s). In the event that parent(s)/guardian(s) cannot be reached, the undersigned authorizes Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm, to provide such medical assistance as they determine to be necessary.**

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the client, including anesthetic, which they determine necessary or advisable, pending a receipt of specific consent from the undersigned.

**Weight Limits.** Weight limits are important for the safety and wellbeing of both horses and riders. Please be accurate when disclosing the client's current weight on our registration form. Limits are: 200 lbs. for ponies and smaller horses and 225 lbs. for larger horses. Notwithstanding the above, Management reserves the right to adjust program options and/or to restrict client participation based on weight and weight distribution.

**Photo Release:** I/We hereby consent to and authorize the use and reproduction by Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.  Opt out: No, I do not consent. \_\_\_\_\_

I would  would not  be willing/able to assist with my child's/ward's lesson if additional staff/volunteers are not available. (Please check one)

**I/We represent that I/We have read this entire agreement (consisting of two pages) and in particular the sections labeled Inherent Risk/Assumption of Risks, Liability Release and Warning. I/We also represent that I/We have read and understand the Policies, Procedures and Safety Regulations for the Programs held at Ironstone Farm.**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Signature** (Parent/Guardian must sign for all clients under the age of 18).



**IRONSTONE THERAPY, INC.**

**CLIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
Address: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer's Name & Address: \_\_\_\_\_  
Referred by: \_\_\_\_\_

**IF PATIENT IS A CHILD OR DEPENDENT, PLEASE COMPLETE THIS BOX WITH NAME & ADDRESS OF PARENT OR GUARDIAN:**

Name: \_\_\_\_\_ Choose: Parent Guardian  
Address: \_\_\_\_\_  
Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**COVERAGE INFORMATION**

**PRIMARY COVERAGE**

Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance ID#: \_\_\_\_\_ SS #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

RELATIONSHIP OF PATIENT TO SUBSCRIBER: (CIRCLE) SELF SPOUSE CHILD DEPENDENT OTHER

**SECONDARY COVERAGE**

**PRIMARY COVERAGE**

Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance ID#: \_\_\_\_\_ SS #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

*I authorize the release of any health information necessary to process claims. I authorize payment of health care benefits to Ironstone Therapy, Inc.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **FEE SCHEDULE & AGREEMENT**

(Please retain a copy of this document)

Ironstone Therapy, Inc. has contracted with Atlantic Medical Billing Solutions, Inc., to handle our insurance billing. All other bills will be handled directly through our office.

Following is an explanation of the billing and payment policies. Please read them carefully so you understand our terms, and then please sign the attached Agreement and return it to Ironstone Therapy with the required paperwork.

- Clients must pay at the time of the session or arrange to be billed monthly.
- Checks are to be made payable to Ironstone Therapy, Inc.
- Bills must be paid within 20 days of the billing date.
- If a third party payer is responsible for a percentage of the fee, monthly bills will reflect only the amount due and payable by the client. A statement of third party charges and payments may accompany the monthly bill or will be available upon request.
- If the client is submitting to a third party payer privately, and third party payer delays payment, client is responsible for the balance by the due date.
- If the account becomes overdue (21 or more days from invoice date), a service charge of \$25 will be added.
- If an insurance company is the third party payer, client is responsible for all amounts not covered by insurance – including deductibles, co-insurance payments and non-reimbursable items. Such amounts must be paid by the due date unless a payment plan is determined. If an annual deductible is required, and is prohibitive, please call the office to discuss a payment plan.
- The client is responsible for all authorizations and the number of authorized visits.
- Ultimately, the client is responsible for payment for all services rendered.

I have read, I understand, and I agree to comply with the above billing and payment policies.

Client name: \_\_\_\_\_ DOB: \_\_\_\_\_

Person financially responsible for Client (FRP): \_\_\_\_\_

FRP Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Signature FRP: \_\_\_\_\_ Date: \_\_\_\_\_

# **IRONSTONE THERAPY, INC.**

## **Client Consent Form for the Use and Disclosure of Health Information**

I understand that as part of my healthcare, Ironstone Therapy Inc. originates and maintains health records describing my diagnosis, health history, symptoms, examination and test results, treatment, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment
- a means of communication among the many health professionals who contribute to my care
- a source of information for applying my diagnosis and medical information to my bill
- a means by which a third-party payer can verify that services billed were actually provided and
- a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a Notice of Privacy Practices that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that Ironstone Therapy Inc. reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I've provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request in writing restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that Ironstone Therapy Inc. is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that Ironstone Therapy Inc. has already taken action in reliance thereon.

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Date

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Client Name

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Signature of Client or Legal Representative

**IRONSTONE THERAPY, INC.**

**PHYSICIAN'S REFERRAL**

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Physical Therapy**    **Occupational Therapy**    **Speech Therapy**

**Primary Diagnosis:**  
(with ICD 10 codes)

**Secondary Diagnosis:**  
(with ICD 10 codes)

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**Recommendation:**

**Comments:**

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**Date:** \_\_\_\_\_

\_\_\_\_\_  
(Signature of Referring Physician)

**Telephone:** \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Physician, with applicable NPI#)

\_\_\_\_\_  
(Printed Address of Physician)