

**James Madison University**  
**Occupational Therapy Clinical Education Services**  
 Phone: 540-568-4980 Fax: 540-568-3886

**Mailing Address:**  
 755 Martin Luther King Jr. Way, MSC 9022  
 Harrisonburg, VA 22801

**Physical Address:**  
 131 W. Grace St., Rm 1100  
 Harrisonburg, VA 22807

**ACKNOWLEDGEMENTS**

**INFORMATION SYSTEM and MEDICAL RECORDS MANAGEMENT**

- James Madison University Occupational Therapy Clinical Education Services (OTCES) uses a computerized system for billing. All information is handled in a secure and confidential manner.
- Rights guaranteed by the *Privacy Protection Act of Virginia* are fully protected. For further information regarding how you and your child's/legal charge's healthcare information may be used, see the *Notice of Privacy Practices*.
- Medical records of children are destroyed when the client reaches age 23, or ten years after the last date of contact, whichever comes later, in accordance with the Code of Virginia (§42.1-77 and 42.1-79).

**SERVICES**

**Fees:**

- Fees for services are listed on the fee schedule or can be obtained by contacting the billing office (540-568-2621).

**Payment:**

- Services that are covered by health plans for which OTCES is a participating provider will be billed directly to the insurance companies (see provider list).
- Services that are NOT covered by health plans for which OTCES is a participating provider will be billed directly to the designated responsible party for payment to OTCES. A statement will be provided that can be submitted to individual insurance providers for reimbursement.
- It is not guaranteed that services will be covered by insurance.
- All co-pays, deductibles, and/or fees denied by insurance providers are the responsibility of the designated responsible party.
- We accept cash, checks and credit card payment.
- A \$50 fee will be assessed for any check returned by the bank.
- A penalty charge of up to 5% may be added for past due accounts. If debt set-off is requested, the Department of Taxation will take what you owe OTCES out of your state tax refund or lottery winnings. In the event that your account remains unpaid after being sent to collections, the account may be forwarded to the Attorney General's office for prosecution; there will be an additional 30% legal fee at that point.

**Cancellations/ "No Shows":**

- If more than two appointments are missed without notice ("no show") or cancelled without at least 24 hour notice, OTCES may charge a \$25 fee. Insurance companies do not reimburse for these fees.

*Please sign below acknowledging that you understand the above information and that you have received a copy of this form.*

- I certify that an explanation of services and charges, the program information system, and medical records management has been given to me.
- I certify that the information I have provided is a true and complete statement according to my best knowledge and belief. If I give false information, withhold information, or fail to report changes promptly, I will be breaking the law and can be prosecuted and/or have services discontinued.
- I understand that I am responsible for paying my bill and that there may be a penalty if I do not pay on time.

**Client/Agency Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*(individuals only)*

**Responsible Party Information:**

Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Responsible Party's SS#/TIN

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Responsible Party's Date of Birth  
*(individuals only)*

\_\_\_\_\_  
 JMU – OTCES Staff Member Signature                      Date

\_\_\_\_\_  
 Responsible Party/Agency Representative Signature                      Date