

We are glad to assist you and your family with occupational therapy services for your child. Please read this information carefully so that you become familiar with our policies and methods of practice. Please initial at the end of each section.

#### **Services Offered**

We offer occupational therapy services including evaluation and treatment in the areas of sensory integration, fine motor, visual motor, handwriting, gross motor, self-care, and oral motor/feeding skills.

We provide clinic-based therapy and home and school consultation. Following a complete evaluation/screening, a treatment plan will be recommended (duration and frequency) as appropriate. Treatment goals will be developed at that time. If there is no history of ongoing therapy or assessment within the past year, an evaluation is necessary prior to the initiation of therapy.

### **Initials**

We will accept an occupational therapy evaluation completed at another center. Prior to starting treatment, we will need to review the evaluation and any other relevant records. It is possible that we will need to do additional testing during your child's initial treatment sessions. Following 4-6 treatment sessions, we will write up goals and a treatment plan with your input, and schedule a one hour meeting with you to review our observations and collaborate on suggested goals. The fee for this service is \$350.

#### Initials

### **Cancellations**

Our goal is to find a time that is mutually convenient to see your child. Please give as much notice as possible if a therapy appointment needs to be cancelled (i.e. holidays, medical appointments, etc.). If a cancellation is necessary due to illness, please call by 8:00 AM the morning of your appointment. An appointment not cancelled by 8:00 AM will be charged at the regular treatment rate. If your treatment time is before 10:00 AM, please call by 5:00 PM the previous business day to avoid being charged.

We are unable to hold treatment times for extended cancellations, such as summer break. If you need to cancel more than 4 sessions in a 2 month period, we will need to offer your treatment spot to another child on our waiting list. When you return, we will do our best to find a therapy time for your child.

### **Initials**





# Parent/Professional Conferences

Brief conversations with parents/caregivers following therapy sessions are considered an essential part of the therapy program. Scheduled conferences outside of treatment sessions with parents and/or professionals will be billed at the regular treatment rate. Progress reports can be written for your child upon request. Please allow 2-4 weeks for any testing to be completed and a report to be written. Reports are billed at the regular treatment rate.

Email should be used for scheduling purposes only. If you would like to discuss your child's progress, have specific treatment questions, or any concerns that you would like to discuss outside of therapy sessions, please schedule a meeting with your therapist. Meetings can be done over the phone or in person. We welcome your questions and look forward to working together to provide a comprehensive therapy program, while maintaining your child's privacy.

**Initials** 

## **Payment**

Payment is required upon arrival to each therapy session and at the first assessment session. We accept credit cards or checks as payment. If you pay by credit card, we will only need to swipe your card once and after that you will be billed automatically after each treatment session. You will be sent an invoice marked paid after each therapy session. Your credit card number will be kept securely in our credit card payment system.

**Initials** 

## Insurance

If you are seeking reimbursement from your health insurance company, you must claim benefits independently. We will provide insurance codes for reimbursement; however, we do not accept payment from insurance companies and cannot guarantee reimbursement. You are responsible for full payment for each therapy session.

**Initials** 

Responsible Party Signature:		
Name (print):	Relationship to child:	