PlaySteps for Developing Kids LLC
...let's play for a change

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Thank you for your interest in pediatric occupational therapy. This letter will introduce you to the policies and procedures of this pediatric therapy practice. Welcome!

Evaluations:

Occupational therapy evaluations are individually planned to meet the needs of the child. As parents, you will be the initial source of information regarding your child's development and the nature of the concerns, which led to the occupational therapy referral.

Evaluations generally include two to three hours of testing and/or observation directly with your child. Sometimes additional testing time is needed, or an additional observation at the school site is planned. The testing is then scored. The test scores and observations are interpreted within the context of the initial concerns and the information gathered about the child's functioning in other developmental areas. After the necessary information has been gathered, an evaluation report is written, and a conference scheduled to discuss the findings and recommendations with you.

Therapy:

The occupational therapy program is planned individually for each child. Sessions are generally scheduled for a 50-minute hour, although shorter or longer sessions may be indicated for some children. Progress in therapy is assessed informally on an ongoing basis, taking note of changes in the child's skills or responses to therapy activities. More formal reassessment to measure progress is completed as appropriate, generally at six to twelve month intervals, or when requested by parents. Conferences with parents to review the child's progress are generally scheduled at six to twelve month intervals as well. You are welcome to request a conference at any time.

Regular attendance is usually essential for successful therapy, and is strongly encouraged. Of course we recognize the importance of vacations, and some other cancellations are unavoidable as well, but please be aware that your child's progress in therapy may be adversely affected by irregular attendance. Other than during the summer months, if your child's attendance record drops to 75% or less for reasons other than illness (i.e. averaging one missed session per month for 3 months), your child's therapist will contact you to discuss our concern as to the limited value of continuing therapy on an infrequent basis.

Communication:

Occupational therapy services for children are most effective when they are provided with the whole child in mind. We value frequent communication with parents. We also find communication with other medical, educational and counseling professionals who work with your child to be essential, both in completing a comprehensive evaluation and in providing successful ongoing therapy. Please keep us informed of events and changes in your child's life, and let us know if there are times when you think communication with your child's teacher or other therapist would be particularly useful.

Termination of Therapy:

When to end the therapy program is usually a decision made jointly by therapist and parents. When it appears that therapy is no longer needed, or when progress seems to have reached a plateau, we will work with you to form a termination plan that is comfortable for your child. Recommendations to discontinue therapy may be based on retesting, or more informal assessment methods. A discharge summary will be written, if requested, which summarizes the child's therapy program and current development.

Sometimes parents need to discontinue therapy before it is clinically indicated. When this is necessary for any reason, we request a minimum of three weeks notice, to allow time for appropriate termination with your child, and for any retesting that may be necessary to summarize the child's program and progress.

Next Steps:

Please send in the following materials before your first appointment:

- Completed registration and developmental history forms (enclosed).
- School records, if relevant. If your child is in special education, please include the current IEP and most recent triennial review.
- Reports from other educational or counseling services provided for your child.
- Medical records, if there have been significant medical issues.
- Completed release form (enclosed). This form gives us permission to communicate with the other teachers/therapists etc. who work with your child; please fill this out with their names and addresses. In addition, please arrange to have all relevant records forwarded, as described above.

If you have any questions about these policies and procedures, or about the payment policies, which follow, please do not hesitate to ask. We look forward to working with your family.

Policies and Procedures Regarding Fees

Payment for Services:

We ask families to pay all fees at the time of service. For evaluations, we ask that you pay half the fee at the initial appointment, and the balance at the second appointment. When additional services are agreed upon during the course of the evaluation, fees are also paid at the time of service.

For therapy, payment is made at each session. When families choose to pay in advance for four or more weeks of therapy, the fee is reduced by $5.00 for each prepaid session. Fees for other services provided as part of ongoing therapy, such as consultation with other professionals, parent conferences, or report writing, are also paid at the time the service is provided, or at the next therapy appointment. During the first week of each calendar month, we will give you an invoice for the services provided the previous month. You will have already paid for the services outlined on the invoice, but this will provide the documentation you need for submitting a claim to your insurance company or flexible spending plan if you wish.

Fees

A. **Evaluation** $900
This fee includes two to three hours of testing, scoring/interpretation time, a parent conference, and an assessment report. Additional services that may be needed as part of an evaluation, such as a school observation, consultation with other professionals who work with your child, attendance at an IEP meeting, or additional testing time with your child, are billed at $160 per hour. This fee also applies if you must cancel an evaluation appointment with less than 24 hours' notice.

B. **Initial therapy appointment** $220
This fee is for the first therapy appointment only. It includes a typical session fee of $160, plus additional fee of $60 associated with starting a child in therapy. It covers the 50-minute session as well as the additional time required for gathering information and planning the therapy program. However, this fee is waived if your child has an evaluation within this practice as those additional costs are built into the evaluation fee. If your child has had a recent evaluation here, the first therapy appointment is instead charged at the regular $160 rate noted below.

C. **Ongoing Therapy** $160 per 50-minute hour
This fee includes 50 minutes of direct therapy, as well as daily planning and documentation. When a shorter session is indicated the fee is prorated.

D. **Other Direct Services** $160 per 50-minute hour
Other direct services which may be needed as part of ongoing therapy, such as parent conferences, conferences with other professionals involved in the child's care, or school observations, are billed at the therapy rate.

E. **Consultation as part of ongoing therapy** $160 per hour
"Behind the scenes" time, such as telephone consultation with other professionals or time spent writing letters or reports, is billed at this rate.

F. **Travel** $40 per 15 minutes
This fee covers a therapist's time spent traveling to and from sessions conducted at a client's home, travel for school observations, etc.

Cancellations
A 24-hour cancellation policy is maintained. Unless an appointment is cancelled 24 hours in advance, it will be charged as scheduled. We do make one exception: if the child who has the therapy appointment is ill, we will not charge for that session as long as you notify us as soon as you know that the child is ill. We recognize that there are other times when late cancellations are unavoidable, but considering we do save this time exclusively for your child, we hope you understand that we must bill for it. Please sign below stating your understanding of this policy:

I have read PlaySteps' cancellation policy and agree to remit for scheduled appointments as described in the policy above.

Parent's signature _____ Date _____

Permission for Electronic Communication *(Please initial after one of the choices below.)*
Information sent by unencrypted email poses some risk that the content could be read by a third party. I have been apprised of this risk and agree to receive communications from PlaySteps for Developing Kids via email. *Initials* _____ OR

The use of unencrypted e-mail is unacceptable and I request all confidential communications by mail, telephone or in-person.
Initials _____