



## POLICIES AND FEES 2022

### APPOINTMENTS

Initials \_\_\_\_\_

When you make an appointment, a specific period of time is set aside for you. If you are late, we do not extend your session beyond the reserved time, because it would infringe on the next patient's appointment. You will be expected to pay the full fee.

### CANCELLATIONS

Initials \_\_\_\_\_

Since a specific time is scheduled for your therapy session, we are not free to offer that time to anyone else who might want or need it. **Therefore, all appointments not canceled at least 24 hours in advance are charged at the full fee. (Cancellations due to emergencies and illness, of course, will be exceptions).**

### CONTACT

Initials \_\_\_\_\_

Our office number is (404) 636-5272. Feel free to leave confidential information at any time of the day. Please remember that we are with appointments throughout the day; therefore, we may not be able to return your call immediately.

### FEES

Initials \_\_\_\_\_

#### Therapy

Occupational Therapist/Certified OT Assistant 60 minute session \$185.00 (Includes 15 minutes for disinfecting/sanitizing rooms and writing treatment notes)

#### Evaluations

- **LEVEL 1 (Ages 0-3) \$500-** Includes an Initial Evaluation of child, separate Virtual Parent Feedback appointment, and a Plan of Care/Summary
- **LEVEL 2 (Ages 4+) \$600-** Includes an Initial Evaluation of child, separate Virtual Parent Feedback appointment, and Plan of Care/Summary
- **LEVEL 3 (All Ages) \$975-** Includes everything in Levels 1/2 PLUS a detailed written report.
- **RE-EVALUATION (All Ages) \$450-** Includes a reassessment to determine where your child's current needs are and to see if any modifications need to be made to your child's current therapy program This includes a written Plan of Care. If a parent follow up meeting is requested this is at an additional charge based on our hourly rate of \$185

*Fees for Intakes, Phone Consultations, Interactive Metronome, Emails, School Observations, Meetings and Feedbacks will be based on the \$185 hourly rate. We do require a Travel Fee of \$15/session for all visits outside of the clinic.*

### PAYMENT

Initials \_\_\_\_\_

Payment is due at the end of each individual therapy session whether you are filing for insurance or not. Group Therapy must be paid in full prior to the start of the group.

Payment can be made through either a check written out to WE Play, by credit card, and with prior approval through Venmo. If a credit card is your preferred payment method it is suggested that you keep your credit card on file with us so as to not take away time from your appointments.

### PARENT CONSENT

Initials \_\_\_\_\_

**ALL legal guardians must sign the Parent Consent Form and Policies and Fees Form to move forward with therapy. We will be unable to provide therapy without consent from ALL legal guardians.**

### INSURANCE INFORMATION

Initials \_\_\_\_\_

Please be advised that we are not an insurance "network provider". For the purpose of filing insurance claims, we are referred to as an "out-of-network" provider.

We are happy to verify your "out of network" benefits. We are also happy to help you file your INITIAL Gap Exception should this be an option with your insurance. But please remember our agreement is with you and not your insurance

company. We have no control over the coverage you or your employer has chosen. Please understand that this verification is only an estimate and not a guarantee by your insurance payment. Your only guarantee is actual payment after a claim is filed.

As the patient, you are ultimately responsible for total payment for services rendered regardless of insurance payment.

### INSURANCE RESPONSIBILITY

Initials \_\_\_\_\_

As a courtesy we are happy to do an initial insurance verification as well as an initial Gap Exception if applicable (renewals, etc. are patient responsibility however we are happy to help as needed). We want to make sure that as a parent you are aware of your Out-of-Network Insurance benefits HOWEVER we want to remind you that it is your responsibility to verify this with your insurance provider prior to the start of therapy. As a reminder parents are responsible for ALL payments at the time of your child's visit irrespective of insurance coverage.

### INSURANCE FILING

Initials \_\_\_\_\_

We *do not* automatically file insurance claims. We will provide you with a monthly invoice that contains the necessary information for you to submit to your insurance company on your own.

If you would like for us to file your insurance we will be happy to do so. Families find this a helpful service. If you choose to have us file for you, you will notice a **\$42** Administration Fee added onto your monthly billing statements (**\$42** per child for 3 or more sessions). This payment is due at the end of each month. This fee will be charged at the end of the month. If at any time you wish to cancel this service please advise us **IMMEDIATELY** as we bill on a consistent basis.

Please be advised that your first few claims may take up to ten weeks to process, after that, six to eight weeks is the approximate time frame for processing. We will follow up on unpaid claims and we can report the findings by email to parents. We will NOT follow up on any claim before eight weeks from the time of filing. As this is not an abnormal time frame to hear back from insurance companies.

### INSURANCE ASSISTANCE

Initials \_\_\_\_\_

If we are not filing monthly for you and you need assistance with Gap Exceptions/In for Out renewals, insurance payment follow ups or anything related to our dealing with your insurance company there will be an administration fee of **\$25**/per child for that month.

### PLEASE INITIAL ONE OF THE FOLLOWING:

\_\_\_\_\_ *We DO want Sensawee Play to file our insurance claims on our behalf. We understand that Sensawee Play will charge us a monthly \$42/per client/per month*

\_\_\_\_\_ *We DO NOT want Sensawee Play to file insurance claims on our behalf. We do understand that Sensawee Play will charge us a monthly \$25/per client/per month should they need to call on our behalf for insurance claims, gap exceptions or any other insurance related issues.*

### DIAGNOSIS CODES/PRESCRIPTIONS

Initials \_\_\_\_\_

It is common for insurance companies to require a diagnosis code on your statements upon submission. In order for us to provide the appropriate information for your insurance company on your monthly statements we will need a copy of a current prescription from your pediatrician with a medical diagnosis code/ICD-10 code

### COVID HEALTH POLICIES

HEALTH SCREENING FORMS ARE DUE THE DAY BEFORE YOUR CHILD'S SCHEDULED APPOINTMENT

#### IN THE CLINIC

\*We ask ALL caregivers/parents, if not joining in the session, to wait in the car since we will not have an active waiting room.

\*We also ask that OT is limited to ONE parent/caregiver.

\*We will be using a touchless thermometer to take the temperature of ALL children and adults that enter the building

\*ALL kids AND adults will wash their hands for 20 seconds before their OT sessions. We feel this continues to teach good hygiene.

\*Masks will be required of everyone entering the building. NO EXCEPTIONS. IF your child can not wear a mask for tactile/breathing reasons please individually talk with us; we know there are some situations where wearing a mask is not an option and respect that.

\*Your mask should fit you appropriately and not have gaps. If you can blow a candle through your mask it is NOT helping protect others around you and yourself!

#### SAYING GOODBYE

\*Hand Sanitizer will be provided as we say goodbye.

\*When it is time to say goodbye you will exit at the back (employee) door

\*Sessions will run 45 minutes so we have sufficient time to wipe down and spray the rooms with natural disinfectant. Please help make sure your child has said their goodbyes and be ready to pick them up at the back door(if you are not in the session) of the clinic 45 minutes before the end of your session so we have time to prepare the rooms for the next child! If a caretaker other than yourself will be dropping off and picking up your child please inform them to be ready to pick up 45 minutes into the session so we can

say goodbyes quickly. \*This is important so we can disinfect rooms properly. Please be aware since sessions are staggered IF your sessions start at 4:20 please pick up your child at 5:05. Pay attention to your start time please.

**SANITATION PROTOCOLS**

\*Last therapist to leave for the day will disinfect the ENTIRE office (high touch areas, all rooms, toys, etc.) with a disinfectant spray.

\*Therapy rooms will be sanitized AND disinfected with natural products AFTER each session.

\*Deep cleanings will occur every weekend

**A FEW GENERAL REMINDERS**

\*We will NOT have an active waiting room.

\*We still have telehealth as an option for those not quite ready to come in for OT! IF you or your child has a compromised immune system, or you live with someone who does, we recommend that you continue with Telehealth to keep your family healthy and safe.

\*We DO UNDERSTAND your child may get sick with a simple virus, cold, flu, or bacteria. This will still happen aside from the COVID-19 pandemic. IF your child has any kind of sickness we are asking you to cancel and reschedule for when they feel better AND symptom free for 48 hours! A negative PCR may be requested prior to returning to the clinic. The same will apply for our staff. IF any of our staff exhibits any signs of being sick they too will cancel their appointments immediately!

\*Please know that the 24-hour cancellation policy is still in effect. So please be mindful of letting Ruhi or your therapist know if you need to cancel.

**\*IF YOUR CHILD OR ANY ONE IN YOUR FAMILY IS IN QUARANTINE WE ASK THAT YOU CANCEL/RESCHEDULE YOUR CHILD'S APPOINTMENT THAT WEEK.**

**I have read and understand the information provided above.**

**By signing this form I agree to comply with ALL policies and procedures. I understand the Health Policies have been put into place in order to create a safe and healthy environment for both my child and the staff at WE Play Atlanta.**

Child's name: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

**Parent #1 Signature:** \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

**Parent #2 Signature:** \_\_\_\_\_

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