



Date: _____

Additional Services and Fees

Welcome to My Kids Therapy. We are pleased that you have selected us to meet your child's therapeutic needs. At My Kids Therapy we provide services that will help your child increase independence in all areas of life. Most insurance companies cover the majority of in-clinic services; however we offer additional services that expand into the community, home, and school environments.

1. My Kids Therapy is able to bill your insurance company for Occupational Therapy Evaluations and treatment sessions. To best provide this billing service, it is essential for families to provide accurate insurance information and update this information as needed. Any delay in updating information may cause a lack of coverage for services, if this occurs families will be asked to make full payment at the time of services until accurate insurance information is updated and verified. **All copays are due at the time of service. Your child's copay, coinsurance, and/or out of pocket fee will be collected prior to your child being seen by a therapist. If you are unable to provide payment, you will be asked to reschedule your child's visit for another day.**

_____ **Parent Initial**

2. After your Initial Evaluation, My Kids Therapy will provide you with an Initial Evaluation Report including the results of any formal testing, findings from informal assessments, and a recommended treatment plan.
 - The report will be available to you approximately 2-3 weeks following the completion of your child's evaluation. We are unable to expedite this report process for any reason; please plan accordingly if you are planning on using this report for any other services, meetings, or appointments.
 - The finalized report will be provided to you in person at one of your child's subsequent visits. This will give you a chance to review the report and ask your child's therapist any questions you may have during the dedicated time at the end of your child's session. **We are unable to email the initial evaluation report until it has been reviewed & discussed in person with your child's therapist.**
 - If your insurance requires a review of this report to authorize additional visits, My Kids Therapy will make every effort to get this report to them as quickly as possible in order to obtain authorization for your child's follow up care, however we cannot guarantee that this report will be finalized sooner than the 2-3 week allowance. If your insurance does not require any pre-authorization for follow up visits, you may begin treatment immediately and will receive the report once it is finalized.

_____ **Parent Initial**

3. My Kids Therapy is unable to submit the following list of services to insurance companies. These services are billed in 15-minute increments at a rate of \$100/hour.
 - Consultations in office or by phone
 - School Observations
 - School Meetings
 - Additional written letters or reports requested by parents (amount of time needed to complete these items and total fee will be agreed on prior to delivery)

_____ **Parent Initial**

***My Kids Therapy reviews and adjusts fees on a periodic basis. You will be informed in writing of any changes in fees and services.

_____ **Parent Initial**

I have read, understand, and agree to My Kids Therapy's Additional Services and Fees.

Parent Name: _____ Parent Signature: _____ Date: _____