



## Office Policies

In order to retain a safe, clean and confidential office we have the following necessary office policies and courtesies.

### Facility

#### ---Safety:

**NO ONE MAY ENTER THE GYMS OR TREATMENT AREAS UNDER ANY CIRCUMSTANCES** unless accompanied by your child's therapist. This is not a request, but a firm policy. Our extensive equipment, while enticing, has its inherent dangers and precautions. This policy applies to everyone: parents, caregivers, patients, siblings and friends. No one is permitted to wander through our facility, nor to use any equipment during your child's treatment times.

We maintain a large, comfortable waiting room with a homework area, play area and coffee bar where parents, caregivers, siblings and friends may relax during the time when your student is with their therapist.

If a parent or caregiver is participating in the treatment session with your child and their therapist, it is still your responsibility to ensure that any siblings or friends who are present with you abide by these rules. It is for their safety, and necessary to protect us from possible liability. We need to focus our attention on your child during their treatment.

#### ---Snacks and Waiting Room:

We provide sensory rich snacks for children and adults. We also have kosher snacks, as well as some more nutritious snacks. Our facility is not peanut free. Please, one snack per child — siblings included. If your child has extensive food allergies, we can arrange special snacks for them, or ask that you bring us the foods you prefer for us to have available for them.

Please keep snacks in the waiting room or take them with you as you exit. We understand that snacks and kids can be messy. For the comfort of all our patients we ask that you clean up if your child has created any food mess! And please do not bring in large, messy dinners like pizzas and meatball subs to eat while waiting for your child!

Please treat our facility as you would your own home. If there are toys or food wrappers, dirty diapers or general mess that your family has created, please take the time to tidy up before you leave. We don't want to have to take time from our patients to clean up the waiting room and bathrooms after you leave.

## **Confidentiality**

We make every effort to maintain confidentiality. Some of the treatment areas have more than one therapist and student participating at a time. No photographs of your child are taken nor will we contact any parties to discuss your child without written consent. If you prefer to have privacy when discussing your child, please ask therapist to talk in a private space rather than the waiting room.

## **Attendance and Cancellation**

Effective care requires a commitment from the child's family. Regular attendance is necessary for therapy sessions to be meaningful and effective. Working together as a team, we can accomplish the best outcomes for your children and family.

Reasons for absence should therefore be limited to parent or child illness or other family emergency situations. If you or your child is ill, we prefer that you cancel rather than spread illness. You will not be charged for those cancellations. Exposure to upper respiratory infections, strep, flu, chicken pox and other infectious diseases are dangerous to some of our students and adults.

Cancellations should be made as far in advance as possible, and prior to your child's designated therapy time, out of consideration to your therapist and other students who might benefit from the opening. While it is often difficult for your therapist to find other openings each week, missed sessions should be rescheduled if at all possible.

It is at the discretion of the therapist to charge for missed appointments, and you will be charged if there are last minute cancellations except for illness or emergencies.

If your child is absent from therapy frequently, it may be necessary for your therapist to discontinue your appointed time in order to make the time slot available to a student who is more reliable. We encourage you to communicate frequently with your therapist in order to best accommodate your child's particular needs and to try to prevent disruptions in your child's care.

## **Financial Policies**

Payment is due at the time of service. If you are paying by credit or HSA card, those payments are processed at the end of the month for services provided during that month.

In a situation where the child's parents are divorced or separated, it is our policy that the parent who has arranged the sessions is ultimately the responsible party. We will require written authorization from the other party should they be intending to pay for the therapies. We will not bill another party (parent, grandparent) without their prior authorization.

## **Insurance Coverage**

We do not participate in any provider networks. We provide a detailed billing receipt or "superbill" at the completion of each session. This can be submitted to your insurance company for their consideration if you have out-of-network coverage. Under certain circumstances, additional documentation for insurance purposes can be provided upon written request.

**As your therapeutic care provider, our ongoing relationship is with you and your family, not with your insurance company. Charges for therapy are the responsibility of the child's parent and/or caregiver and are due at the time service is provided.**

**We suggest that you retain copies of all materials that are sent to your insurance company. It may also be helpful to have contact with your carrier prior to the first visit to establish their procedures for submitting evaluation and treatment bills.**

**Occasionally an insurance provider will reimburse our facility directly for claims you submit. In those circumstances, we deposit that check and then write you a check in the identical amount after the check clears. This expedites your reimbursement, as a stop payment will create new issues for you. We recommend that you do not stop payment, but you should attempt to submit claims with a note to reimburse you directly in the future.**

**We also can provide you with copies of current law which may help you advocate for the coverage to which your child is entitled.**

**We do not release information to your insurance company without your authorization.**

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**Please sign below indicating that you have read and understand these policies.**

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

**Name (Print):** \_\_\_\_\_

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