

Fees and Payment Information Effective January 1, 2017

Therapy Services:

1 Hour Individual Therapy Session.....	\$165.00
45-Minute Individual therapy Session	\$135.00
1 Hour Small group (2 or More Children)	\$140.00

Evaluations and Consultations:

Our evaluations are typically done during **diagnostic treatment sessions**. These include 2-4, 1-hour treatment times and a parent meeting. Standard documentation includes a treatment plan and is billed hourly.

Diagnostic treatment	\$910.00
-----------------------------------	----------

Requested Evaluations are also available:

Comprehensive Evaluation with

Written Report & 45 minute conference	\$950.00
---	----------

Includes written report and 45 minute parent conference (2 sessions)

Modified Evaluation exploring 2 areas of development.....	\$750.00
--	----------

Gross and Fine Motor Skills or

Sensory Processing and Fine Motor Development or

Sensory Processing and Gross Motor Development or

Visual & Fine Motor Development and Visual Perception/ Processing

Includes written report and 45 minute parent conference (one session)

Sensory Intake with written recommendations and parent meeting ...	\$600.00
---	----------

Preliminary Screening	\$400.00
------------------------------------	----------

School Visit / IEP/ Home Visit	\$200.00/ hr
--------------------------------------	--------------

Additional Written Documentation/ Reports*, Home Programs,

Written Goals and Objectives

and phone conferences	\$125.00/ hr
-----------------------------	--------------

Parent Consultation	\$165.00/ hr
---------------------------	--------------

Deposits:

When scheduling an evaluation for your child, we may ask that you send us a deposit of \$100 to hold your child's space. Any cancellations should be made at least two weeks prior to the evaluation date in order to receive a full refund of your deposit; cancellations made less than two weeks before the scheduled date will cause you to forfeit the deposit.

Our therapy groups require a deposit of \$500/\$600 (payment for the first 4 sessions) to hold your child's spot in the group. Any cancellations greater than two weeks prior to the start of the group will receive a full refund; cancellations that occur less than two weeks before the first group meeting will receive a refund of their deposit less a \$100 cancellation fee.

Timely Payments:

Payment will be due at the time beginning of each month. Payments are considered delinquent if not paid within 30 days and are subject to late charges. Accounts that are more than 60 days past due will necessitate discontinuation of therapy. If you have questions about any invoices please direct these questions to your child's therapist. In the event that your check is returned due to insufficient funds, you will have 7 days from the time you are notified to make alternative payment arrangements. You will be responsible for any bank fees or charges incurred by because of the returned check.

Payment for therapy groups will be divided into two parts. Fees for the first half of the session are due at the start of the group, and payment for the second half will be due midway through the session.

Policy Regarding Insurance Reimbursement:

Sensory Solutions is not part of any insurance program or network. We will not bill insurance providers directly. The child's family is responsible for all services rendered. If you wish to pursue reimbursement from your insurance company please let us know in advance. In order to generate an invoice that your insurance company will accept, you will need to provide us with the following. Letter of referral or prescription for OT from the referring physician, a DSM-V or ICD-10 diagnosis and code number (designated by the physician), the complete name of the insured policy holder to be recorded as the billable party. We strongly recommend that you contact your insurance company to inquire about allowable CPT codes for OT services. This information will enable us to provide an invoice that is in keeping with your insurance company's invoice policies. Please remember that monthly payments are due at the time of receipt regardless of delays in reimbursement by insurance providers. If additional documentation is required by your insurance provider a charge will be made based upon therapist time.

Billing questions:

If you have any questions related to billing please contact us through email at sensorysolutionsinfo@gmail.com.

Parent Signature

Date

Parent Signature

Date