



Occupational Therapy for Children

PAYMENT POLICY 2014/2015

Evaluations, Observations and Meetings:

- * Evaluation with the Sensory Integration and Praxis Test \$800.00
- * Complete written evaluation..... \$450.00
- * Re-Evaluation or Plan of Care \$350.00
(This will be done annually after the initial Evaluation)
- * School Observation **WITH FULL WRITTEN** report..... \$250.00
(Not covered by insurance)
- * School Observations **WITHOUT** report and other PROFESSIONAL meetings..... \$150.00
(Not covered by insurance)

Therapy Sessions:

- * 60 minutes \$135.00
- * 45 minutes..... \$102.00
- * Home/ School Treatments..... \$150.00

InterPlay is an OUT OF NETWORK PROVIDER and as such:

- InterPlay will bill your insurance company as a courtesy to you; however,
- Insurance coverage is an agreement between you and your insurance company.
- You will have an out of network deductible to meet before your insurance starts reimbursing for services.
- You will be asked to pay your estimated co-pay at each visit, with the understanding that whatever the insurance does not pay will be your sole responsibility.
- You are responsible for your child's therapy charges even if your insurance has promised payment and then denies such benefit.
- As always InterPlay can help you keep track of your child's allowed yearly therapy visits with insurance. Most insurance companies allow a certain amount of OT visits. Often times these visits are in combination with PT, Behavioral Therapy, massage therapy and Speech. We can **ONLY** keep track of the OT sessions provided by us. It is your responsibility to keep track and let us know when you are close to the end of your allowed number of visits.

PLEASE READ BELOW AND CHOOSE THE OPTION THAT BEST FITS YOUR NEEDS.

_____ **Option #1** We will collect your estimated co-pay according to what the insurance reimburses at each session. (I.e. you are responsible for the difference between what your insurance company pays and your therapy session rate.) Choosing this option will prevent InterPlay to provide you with any discounted rates throughout the year.

_____ **Option #2** You choose to pay InterPlay in full for each therapy session. InterPlay will give you a **discounted rate of 10%** when you pay at each visit. We will provide you with the necessary paperwork so you can bill your insurance company for reimbursement.

_____ **Option #3 PRIVATE PAY with no insurance benefits or a large deductible**

Any outstanding account balances will be charged to the credit card on file if no payment is received within 30 days of receiving the emailed invoices.

If you have questions or concerns please contact Pilar at (954) 296-3861 or pilar@interplaytherapy.com

I have read and understand the billing options above and choose option _____ as my new billing procedures with InterPlay.

Child's Name: _____ **e-mail address for invoices:** _____

Parents Name: _____ **Date:** _____ **Parent's Signature** _____