

Practices & Policies

(As of January 1, 2020)

I. RATES

A. First Steps To An Evaluation

Initial Consultation Meeting (Parent Meeting: Optional): \$250/session (45 minutes)

Evaluation (At Little Hands Clinic): \$300 (60 minutes)

This charge includes the evaluation session and 30 minutes of prepaid report writing time.

Deposit for this evaluation is pre-paid in order to reserve the day/time & non-refundable.

Evaluation (At School): \$195 (45-60 minutes)

B. Follow Up To Evaluation

(Reports are required before therapy begins)

Evaluation Report: \$195/hour

Average time 1-3 hours. Reports are received after payment is made.

Parent Education Meeting: \$195/session (45 minutes)

A parent/therapist meeting is required 6 to 8 weeks after initiating weekly therapy.

C. Weekly Therapy

Treatment Session: \$155/session (45 minutes - Occupational Therapy)
\$160/session (45 minutes - Speech Therapy)

If a child is over 10 minutes late to be picked up, additional charges will be applied as per hourly rate.

Treatment Sessions in Child's School or Home: \$195/session (45 minutes)

Consultative Services: \$195/hour

These include progress reports, home programs and/or email/phone calls that exceed 10 minutes.

School Observations: \$195/hour

May be additional if over 10 miles of driving.

Nutrition/Dietician Services: \$195/hour

Home Programs: \$195/hour

D. Additional Reports/Re-assessments

Progress Report (every 4-6 months): \$195/hour

Average time: 1-2 hours.

E. Parent Consultation Services

\$250/session (45 minutes)

Behavior plans, implementation of home strategies, school placement, prioritizing therapies, sibling challenges, and public school services consultation (IEP & 504)

II. PROCESS/DESCRIPTION OF SERVICES

All Little Hands Clients are evaluated and follow the below process before treatment to determine rate/type of treatment.

A. Initial Consultation Meeting

(Recommended but optional)

The therapist and parent(s) discuss concerns related to the child's functioning. The therapist provides recommendations for an evaluation, treatment, and/or home strategies.

Cost: \$250

B. Evaluation

(Required for treatment)

Approximately 1 to 2 hours of testing using standardized and/or informal measures to assess the child's strengths/weaknesses and determine the need for weekly therapy.

Cost: \$300 (includes evaluation and 30 minutes of prepaid report writing time)

C. Evaluation Report

(Required for treatment)

Written description of administered tests, the child's performance, and areas to target in treatment (if applicable).

This report includes a treatment plan (when treatment is recommended) with baseline areas of functioning and 4-6 month goals.

Cost: \$195 per hour (ranges between 2 to 4 hours)

D. Progress Report

(Required for continued treatment at Little Hands OT)

This report describes the child's progress toward targeted goals, his/her current levels of functioning, and the new treatment plan (if continued treatment is recommended). Progress reports are provided every 4 to 6 months (depending on the frequency of treatment sessions). If additional progress summaries are provided (e.g., via email) they will be billed at the evaluation hourly rate of \$195/hr.

Cost: \$195 per hour

E. Evaluation Feedback Meeting

(Strongly recommended but optional)

The therapist and parent(s) review the evaluation report and treatment recommendations.

Cost: \$195 per hour

(Continued next page)

F. Consultative Services

(Depending on needs of client)

The therapist provides recommendations and strategies for home and school settings to optimize the child's functioning and address areas of concern. Classroom observations, consult with parents/school staff, and therapy collaboration with other specialists are also commonly provided.

Cost: \$195 per hour

G. Treatment Sessions

(Depending on needs of client)

Individual, paired, and small group sessions are available. Co-treatment sessions (speech/language therapy combined with occupational therapy) are also offered when appropriate. Treatment sessions are typically 45-minutes in duration (with the remaining 15 minutes of the hour being used for treatment note-writing and planning).

Cost: \$155/session (45 minutes - Occupational Therapy)

\$160/session (45 minutes - Speech Therapy)

III. PARKING & PROCEDURES DURING SESSIONS

On-site parking is available. Parents are not **required** to stay at the clinic while their child is participating in therapy sessions or evaluations. We highly value parent participation in sessions although they are not required, please contact your therapist ahead of time (**at least a week**) to arrange for a session **WITH** your child, due to privacy of other families participating at Little Hands.

IV. CANCELATIONS/NO-SHOW'S

There is no charge for cancelled services **due to your child's illness** when **at least 24 hours** notice is given. Otherwise, missed sessions due to child's illness will result in a charge for the full cost of the session. Please notify the therapists of **planned vacations or other conflicts with at least 2 weeks** advanced notice otherwise sessions will be fully charged. Notice of changes in schedule (**sickness and/or vacation must be in the form of email or phone call to therapist**).

V. PAYMENT & INSURANCE

Invoices for therapy sessions are electronically delivered at the end of each month. **Payment is due upon receipt; late fees are applied if payment is not received by the 15th of the month. The full cost of the evaluation write up report is due once the report is complete and invoice is received, prior to receipt of the written report. Report will be provided once payment of report is received.**

If invoices are received late 2 months in a row, Little Hands has the right to request pre-paid monthly invoices for services (payment for upcoming month of services must be received before the 5th of each month). A credit card will be held on file and used in the event of a 30 day past due invoice.

While we provide no direct insurance billing from this office, we are happy to provide you with super bills, which are receipts for therapy services with relevant diagnosis and treatment codes. Periodically, insurance companies may request documentation regarding Occupational Therapy services, and we routinely provide evaluation and updated progress reports as requested by insurance companies. **Preparation of these documents is billed in increments of the treatment rate.**

VI. TERMINATION OF THERAPY

If you terminate therapy, for any reason, we require **at least 2 weeks of sessions' prior written notice** in order for the therapist to transition the child out of therapy and complete closure. We reserve the right to terminate our relationship with a client at any time for any reason. Unless circumstances require otherwise, if we terminate the relationship, we will provide at least 2 sessions' prior notice.

VII. DELINQUENT ACCOUNTS

Invoices will be sent via email at the end of each month to be received by the 1st of each month. Invoices are due upon receipt. **Late fees are applied if payment is not received by the 15th of the month.** Collection of past due accounts

(Continued next page)

will be initiated if non-payment of account extends beyond 60 days. A credit card will be held on file and used in the event of a 30 day past due invoice. You will be responsible for payment of reasonable attorney fees and all collection costs, including court costs in the event action is commenced to collect past due accounts. Collection agency fees shall be no less than 35% of the outstanding balance. **If invoice payments are received late 2 months in a row, Little Hands has the right to request pre-paid monthly invoices for services. Payment for upcoming month of services must be received before the 5th of each month.**

VIII. COVID-19 DISCLOSURE, ACKNOWLEDGMENT AND LIABILITY WAIVER

By signing this form, I acknowledge the contagious and still unknown nature of the COVID-19 virus and voluntarily assume the risk that I or my family members (child) may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, serious illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others. I voluntarily agree to assume all of the foregoing risks related to COVID-19 and accept sole responsibility for any injury to myself or my invitees, including, but not limited to, personal injury, illness, disability, death, damage, loss, claim, liability, or expense, of any kind, that I or my child/family member may experience or incur in connection with visiting Little Hands for therapy. I hereby release, discharge, covenant not to sue, and hold harmless to Little Hands, their employees, agents, representatives, associates and insurers (collectively "Released Parties"), of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Released Parties whether a COVID-19 infection occurs before, during, or after my or my child's visit at Little Hands. I acknowledge and agree to take appropriate precautions, including maintaining good personal hygiene including frequent hand washing or sanitizing and staying at least six feet from persons not in my party or related to me. I further agree to make every effort to follow all rules, policies, and safety precautions established by the Centers for Disease Control and Prevention ("CDC"), the California Department of Public Health ("CDPH"), or other State or Federal agency, whether posted in writing or explained to me verbally, and take all necessary steps to reduce the risk of illness to me and my party. I specifically acknowledge and agree to not come to Little Hands if anyone in my family are experiencing any of the symptoms of COVID-19 as identified by the CDC and/or the CDPH including cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell. By signing below, I understand that I am releasing any potential Claims against Little Hands and in return I will be permitted to visit and participate in activities at and around the clinic.

IX. CHANGE IN POLICIES

The terms and conditions in this policy may change from time to time. Such changes will occur with 30 days written notice.

Authorization

I agree to the above policies/practices for my child.

Child's Name:

Your Full Name:

Date:

Availability: (Please specify days/times that your child is available for weekly therapy.)