



11005 Rosemont Drive
Rockville, MD 20852
cheryl@appytherapy.com
www.appytherapy.com
301.770.0604

POLICIES AND PROCEDURES

We have found that clarity at the beginning of a clinical relationship fosters a good working partnership. The following information helps us meet your individual needs and maintain quality services for our clients. In order to prevent confusion or misunderstanding regarding our policies and procedures, please **READ AND RETAIN** the following information for your reference.

CONTACT INFORMATION

You may reach us by calling 301.770.0604 or email me at cheryl@appytherapy.com. Your call / email will be returned as soon as possible.

FEES

Assessment and treatment: **\$120 per 45-minutes**

Report writing and consultations with parents or other professionals: **\$120 per 45-minutes**

In-School treatment: **\$150 per 45-minutes**

CANCELLATION POLICY

It is essential that your child attend therapy according to the established schedule as this treatment time is reserved for your child. This is critical to your child's progress and to the success of the treatment. **Only one appointment per calendar month may be cancelled, without incurring a charge for that appointment, during the school year.**

Appointments that are cancelled less than 24 hours in advance are charged at the full rate, unless the appointment slot can be filled. In the event of illness or inclement weather conditions, every effort will be made to schedule a make-up session.

If your child is being seen in a school setting, **IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR OT OF A CANCELLATION.** Check your child's field trip, special event, and vacation schedule to prevent broken appointment charges.

RELEASES OF INFORMATION

We respect your confidentiality in all matters. If you would like AppyTherapy to release information about your evaluation and/or treatment to another agency or professional, please request our standard Release Form from the office. Upon completion of the form, we will release the appropriate information.

PARENT PARTICIPATION

The importance of your participation in the therapeutic process cannot be over-emphasized. Please be diligent about working with your child, as progress is significantly enhanced when the students follow-through with their assignments.

BILLING AND COLLECTION PROCEDURES

Bills are sent at the end of the month for all therapy sessions during the previous month. YOU ARE ASKED TO PAY THE BILLS UPON RECEIPT.

A LATE PAYMENT CHARGE OF \$15 will be charged for bills unpaid within 30 days of the date of the invoice. A \$25 service charge will be required for any returned checks. If an invoice is unpaid after 45 days, treatment services may be suspended until the account is current.

PLEASE NOTE THAT WE DO NOT BILL INSURANCE COMPANIES DIRECTLY. WE REQUIRE YOUR PAYMENT PROMPTLY. Whether or not your insurance company pays in full, a portion, or does not cover your services, is a matter between you and your insurance carrier. We will assist you in completion of insurance forms as necessary. Contact your insurance company to determine whether a doctor's referral or pre-authorization is required, and how many sessions are covered. You may need the following information:

| | | | |
|-------------------|------------------------------------|------------------|---------------------------------------|
| Diagnosis Codes*: | R27.8 Neuromuscular Incoordination | Procedure Codes: | 97166 Occupational Therapy Evaluation |
| | F82 Dyspraxia Syndrome | | 97112 Neuromuscular Activity |
| | | | 97530 Therapeutic Activities |
| | | | 97110 Therapeutic Exercise |

*These are the most commonly diagnoses used for conditions relating to occupational therapy. An evaluation will be required in order to determine the most appropriate diagnosis.

OCCUPATIONAL THERAPY SERVICES DO QUALIFY AS A MEDICAL DEDUCTION FOR TAX PURPOSES. THEREFORE, WE ADVISE YOU TO KEEP YOUR INVOICES FOR TAX AND INSURANCE RECORDS. Please file your invoices carefully and always make copies for your records before sending anything to your insurance company.

SNOW / INCLEMENT WEATHER POLICY

AppyTherapy does not follow the Montgomery County school schedule regarding snow days. The office does **NOT** necessarily close when area schools close due to weather conditions. PRESUME THE SESSION IS ON, unless you hear from your OT that it is cancelled.

PLEASE KEEP THIS FORM FOR YOUR PERSONAL REFERENCE



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ACKNOWLEDGEMENT

Child's Name: _____

I acknowledge receipt of the AppyTherapy Occupational Therapy Policies and Procedures.

(Initial here)

I agree that I will be responsible for the payment of charges incurred as outlined in that letter.

(Initial here)

I understand that I am expected to give notice 24 hours in advance to cancel an appointment. If I do not give 24 hours' notice and miss or cancel my appointment I understand that I will be charged the full fee.

(Initial here)

Name: _____

Signature: _____ Date: _____



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BILLING

Person responsible for Account _____
Last Middle First

Credit Card Type: VISA MASTERCARD

Card Number _____ Expiration Date _____ CVC _____

Billing Address _____
Street City State Zip Code

Please provide updated information should any of the information on this form change.
Thank you.