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Comprehensive Occupational Therapy Evaluation Policy and Fee Agreement

Please read and initial the following waivers and acknowledgements

The cost for a Comprehensive Occupational Therapy Evaluation is \$1,200.00. The evaluation is approximately 2 hours in length, with a brief discussion of findings and treatment recommendations given at the end. The evaluation includes in-depth standardized testing and clinical observation of sensory processing and praxis abilities, with a detailed 7-8 page write-up of sensory processing abilities, motor, and functional skill deficits. A 2-3 page insurance report is also included for submission to your insurance company for reimbursement. Parent discussion and goal development is included.

If you elect not to receive a comprehensive write-up of sensory processing abilities and motor skills, you may elect only to receive a 2-3 page insurance-based write-up, including goals related to medical necessity. The adjusted fee for the evaluation with the abbreviated write-up is \$475. Please indicate which you would prefer prior to the evaluation.

_____ Comprehensive Evaluation and write-up (\$1200)
Initial _____

_____ Comprehensive evaluation with insurance write-up (\$475)
Initial _____

_____ Educational Impact Statement (\$100)
Initial _____

_____ Comprehensive Evaluation, with write-up and school visit (\$1800)
Initial _____

Would you like Sensational Achievements to send a copy of your child's evaluation report to his/her doctor?

Name of Doctor: _____ Email: _____

Address: _____

Telephone Number: _____

Payment is due at the time of the evaluation by Cash/Check/Credit. *Please note: This evaluation is able to be submitted to insurance and billing codes will be provided on the invoice. However, Sensational Achievements does not guarantee the amount of reimbursement that will be given. It is the client's responsibility to review their specific plan for coverage details.*

Risk Acknowledgement

I understand some risk inherent in the use of suspended therapeutic equipment. I understand that this equipment is only used under the supervision of trained therapists and reasonable precautions are taken to make the environment safe. However, I acknowledge that there is a risk of injury inherent in the activities associated with this equipment and agree not to hold Sensational Achievements liable for any injury or damages resulting from the therapeutic use of such equipment.

Initial

Video Recording Release

For the purposes of tracking progress for each client, Sensational Achievements, LLC videos the initial evaluation and follow-up sessions and re-evaluations approximately every 3 months. I give my consent for this to occur and I understand that I may request a copy of this video record at any time. I understand that the video will not be used for promotional purposes and becomes a part of the confidential client record. At times, Sensational Achievements may ask to use video clips for educational purposes with all identifying information removed. I understand that I have the right to refuse to allow video of my child to be used and that Sensational Achievements will obtain my written permission prior to doing so.

Initial

Privacy Statement

Sensational Achievements makes every effort to maintain the confidentiality of information related to our clients. We do not share any confidential information with any outside agencies without your express consent. If you have current providers or other professionals you would like us to contact regarding the results of the evaluation, please list their name and phone numbers below.

Child's Name

Date

Parent/Guardian Signature

Relationship