

Occupational Therapy Screening Policy and Fee Agreement

Please read an initial the following waivers and acknowledgements
The cost for a Occupational Therapy Screening with insurance write up is \$325.00. The screening includes clinical observation of sensory processing abilities and any specific areas of concern impacting function. Additional write-ups such as home-based strategies and classroom recommendations are billable at a rate of \$90/hour.
<u>Initial</u>
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.
<u>Initial</u>
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.

Date

Relationship to Child

Name of Child

Parent/Guardian Signature