# POLICIES AND FEES 2025

**APPOINTMENTS** **Initials_____**

When you make an appointment, a specific period of time is set aside for you. If you are late, we do not extend your session beyond the reserved time, because it would infringe on the next patient's appointment. You will be expected to pay the full fee.

**CANCELLATIONS** **Initials_____**

Since a specific time is scheduled for your therapy session, we are not free to offer that time to anyone else who might want or need it. Therefore, all appointments not canceled at least 24 hours in advance are charged the full fee. (Cancellations due to emergencies and illness, of course, will be exceptions).

**CONTACT** **Initials_____**

Our office number is (404) 636-5272. Feel free to leave confidential information at any time of the day. Please remember that we are with appointments throughout the day; therefore, we may not be able to return your call immediately.

**FEES** **Initials_____**

***Therapy*** Certified Occupational Therapist/Certified Occupational Therapy Assistant 60-minute session **$195.00** (Includes 15 minutes for rollover parent question time/disinfecting/sanitizing rooms and writing treatment notes)

***Evaluations***

- **EVALUATION (All Ages) $600-** Includes an Initial Evaluation of the child, separate Virtual Parent Feedback appointment and Plan of Care/Summary
- **RE-EVALUATION (All Ages) $500-** Includes a reassessment to determine where your child's current needs are and to see if any modifications need to be made to your child's current therapy program This includes a written Plan of Care. If a parent follow-up meeting is requested this is at an additional charge based on our hourly rate of **$195**

***Other*** *Fees for Intakes, Phone Calls/Consultations, Interactive Metronome, Emails, School Observations, Meetings, and Feedback will be based on the $195 hourly rate. We add a Travel Fee of $20/session for all visits outside the clinic.*

**PAYMENT** **Initials_____**

Payment is due at the end of each individual therapy session whether you are filing for insurance or not. Group Therapy must be paid in full prior to the start of the group. Payment can be made through either a check written out to WE Play, by credit card, or with prior approval through Venmo. If a credit card is your preferred payment method it is suggested that you keep your credit card on file with us so as to not take away time from your appointments.

**PARENT CONSENT** **Initials_____**

ALL legal guardians must sign the Parent Consent Form and Policies and Fees Form to move forward with therapy. We will be unable to provide therapy without consent from ALL legal guardians.

**INSURANCE INFORMATION** **Initials_____**

Please be advised that we are not an insurance "network provider". For the purpose of filing insurance claims, we are referred to as an "out-of-network" provider.

We are happy to verify your "out of network" benefits. We are also happy to help you file your INITIAL Gap Exception should this be an option with your insurance. But please remember our agreement is with you and not your insurance company. We have no control over the coverage you or your employer have chosen. Please understand that this verification is only an estimate and not a guarantee by your insurance payment. Your only guarantee is actual payment after a claim is filed.

As the patient, you are ultimately responsible for the total payment for services rendered regardless of insurance payment.

**INSURANCE RESPONSIBILITY** **Initials_____**

As a courtesy, we are happy to do an initial insurance verification as well as an initial Gap Exception if applicable (renewals, etc. are the patient's responsibility however we are happy to help as needed). We want to make sure that as a parent you are aware of your Occupational Therapy Out-of-Network Insurance benefits.
Parents are responsible for ALL payments at the time of their child's visit irrespective of insurance coverage.

**INSURANCE FILING** **Initials_____**

We *do not* automatically file insurance claims. We will provide you with a monthly invoice that contains the necessary information for you to submit to your insurance company on your own.

If you would like for us to file your insurance we will be happy to do so. Families find this a helpful service. If you choose to have us file for you, you will notice a **$50** Administration Fee added to your monthly billing statements (**$50** per child/per month). This payment is due at the end of each month. This fee will be charged at the end of the month. If at any time you wish to cancel this service please advise us **IMMEDIATELY** as we bill on a consistent basis.

Please be advised that your first few claims may take up to ten weeks to process, after that, six to eight weeks is the approximate time frame for processing. We will follow up on unpaid claims and we can report the findings by email to parents. We will NOT follow up on any claim before eight weeks from the time of filing. As this is not an abnormal time frame to hear back from insurance companies.
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**PLEASE CHECK-OFF ONE OF THE FOLLOWING:** **Initials_____**

- ☐ *We DO want Sensawee Play to file our insurance claims on our behalf. We understand that Sensawee Play will charge us a monthly **$50**/per client/per month*

- ☐ *We DO NOT want Sensawee Play to file insurance claims on our behalf. We do understand that Sensawee Play will charge us a monthly **$25**/per child/per month should they need to call on our behalf for insurance claims, gap exceptions, or any other insurance-related issues.*

**DIAGNOSIS CODES/PRESCRIPTIONS** **Initials_____**

It is common for insurance companies to require a diagnosis code on your statements upon submission. In order for us to provide the appropriate information for your insurance company on your monthly statements we will need a copy of a current prescription from your pediatrician with a medical diagnosis code/ICD-10 code

**SICK POLICIES**

*We DO UNDERSTAND your child may get sick with a simple virus, cold, flu, or bacteria. If your child, or any of our staff, has any kind of sickness we are asking for you to cancel and reschedule for when they feel better AND are fever-free(and mostly symptom-free) for a full 24 hours depending on the virus/bacterial infection! Please note: fever-free means without fever-reducing medications.

**I have read and understand the information provided above. By signing this form I agree to comply with ALL policies and procedures.**

Child's name: _____

Parent #1 Name: _____

Parent #1 Signature: _____

Parent #2 Name: _____

Parent #2 Signature: _____

Date: _____