Policies and Procedures

The undersigned, by providing his/ her signature in the space below agrees to accept the therapy services provided by Spot It All Therapy, INC. in accordance with and pursuant to the terms and conditions set forth herein.

Right to Refuse Service
Spot It All Therapy, INC. reserves the right to refuse service to any patient on the account of delinquent or unpaid fees for the services performed without any liability or further obligation to the undersigned.

Changes in Information
If there are any changes in address or insurance please send the new information as soon as possible to keep billing records up to date.

Medical Conditions
Please update the therapist if there are any allergies or medical conditions (injuries, new medications, surgeries) that may impact session performance or ability to participate in therapeutic activities.

Medical Documents/Communication
Please notify the therapist of doctor or specialist visits that may impact therapy sessions or treatment plan. Providing copies of medical information and outside therapy evaluations is appreciated. If communication between therapists or medical providers is requested please provide all necessary contact information.

Privacy
All information regarding each child and family will be kept conFidential. Any release of information must be accompanied with written permission from the child's parent/legal guardian. Billing and payments are completed internally through Spot It All Therapy, INC. No private information will be provided to third parties.

Appointments
Therapy sessions include 30-50 minutes of direct intervention. Sessions are completed in clients' homes, daycares, classrooms, playground, and/or gym depending on the activity and

goal of the session. The additional 10 minutes is used for family consultation and transitions in and out of sessions.

Communication

Therapist is available to discuss updates and recommendations by email, phone, and scheduled meetings. If there are any questions or concerns regarding your child's therapy sessions or home program contact the therapist to schedule a meeting.

Cancellations

Please contact therapist by email, voicemail, or text message if an appointment will be cancelled for any reason (illness, Field trip, vacation, transportation, absent from school). Please make contact by the day before therapy if your child is missing therapy for a planned reason. If your child is sick, you may contact the therapist the day of therapy, but please do so by 8 am. Knowing when children can't make appointments allows for the rescheduling of other children.

No shows

Failure to notify the therapist of the cancellation will result in a $35 cancellation fee. This fee is not billable to insurance. After 3 no shows, the therapist reserves the right to refuse service going forward.

Billing Policies

Insurance

All insurance companies are accepted. Blue Cross/Blue Shield is in-network while all other companies are out-of-network. The therapist will take responsibility for all billing information sent to the insurance company as well as providing necessary information for requested medical reviews by the insurance company. A copy of the front and back of your or your child's insurance card is required to begin services. If your insurance plan should ever change the new billing information must be provided in order to avoid the session being billed as an out-of-pocket service.

Families Insurance-Related Responsibilities

You are responsible for contacting your insurance company to determine coverage and benefits. Once coverage and benefits are determined there will not be a need to contact the insurance company again unless claims are denied. If claims are denied, the insurance company may require more information, which the therapist will provide. Please request details about the information required and where they would like it to be faxed. When determining coverage and benefits the following is the important information to obtain: % coverage, # of visits for ST, any exclusions or restrictions, copay and amount, deductible, is pre-authorization required. Once you have this information the therapist will go over how this translates to your child's therapy coverage.

Payment/Fees

You are responsible for copays for each visit. Invoices will be emailed or mailed (your preference) monthly to collect for copays. If you are paying out-of-pocket for services, the cost is $90 per session separate from the copay. If you are using insurance, you will not be billed beyond your copay as long as your insurance company covers the out of pocket rate of $90. Insurance companies are billed $160 per visit, but families are given a discount when paying out-of-pocket. If it is determined that payment is owed an invoice will be sent with the date and amount for each visit. Payment can be sent electronically through your bank or by check. If payment for therapy services, copays, or cancellations fees are not paid by the due date indicated on the invoice (30 days) there will be a $50 late fee charged. Checks returned for insufficient funds incur a $25 processing fee. Any and all fees charged are subject to change at the sole discretion of Spot It All Therapy, INC. upon prior notice to the undersigned.

Any changes to these policies or procedures will be provided to the families. Please print out a copy to keep for your records and sign and print a copy to be returned to Spot It All Therapy, INC.

The undersigned acknowledges and agrees to reimburse Spot It All Therapy, INC. for all fees and expenses, including, without limitation, any attorney's fees and expenses, incurred by Spot It All Therapy, INC. in enforcing any terms or provisions hereof, including, without limitation, the collection of fees for services provided.

I have read and understand the above stated policies and procedures of Spot It All Therapy, INC.

_____

Child's name

_____

Print Name

_____

Signature

_____

Date