



Service Agreement

Thank you for choosing The Therapy SP/OT as your therapy provider. We are committed to providing the best therapeutic care possible. To help us provide the best service possible, we ask you to read and follow this agreement.

- ^ If your insurance changes to a different plan you are responsible for notifying our office in a timely manner. You will be billed privately for any services provided during a lapsed time of insurance or lack of referral.
- ^ We will file claims with your insurance company. The Therapy SP/OT will verify insurance benefits on your behalf, but we encourage you to also verify. You are responsible for any deductibles, co-pays, co-insurances, or denials of services. This is your insurance plan, and you are financially responsible for all services rendered. You will find a form on our website under FAQs to help guide your conversation with member services.
- ^ We require a card (debit, credit, HSA) on file in Fusion. The card on file will be charged upon receipt of finalized insurance claims. Patients who have MN Medicaid or managed care plans are the exception.
- ^ When not in session, clients/children need to be always supervised by a parent/caregiver and respect boundaries in the clinic. Children who are known to elope must always have a caregiver on site. The Therapy SP/OT assumes no responsibility for damages or injuries should a child elope.
- ^ **Toileting:** Should caregivers not be on site, or when therapeutic, therapists will help with toileting needs.
- ^ **Attendance:** It is expected that each client attends at least **80%** of their scheduled sessions. Family will be notified in the event of attendance concerns, and an action plan will be developed. We consider our work with you/your child to be integral to life success and hope to partner with you for maximum outcomes. Good attendance is the best way to achieve this.
- ^ **Missed or Late to Appointments:** Unless canceled at least 24 hours in advance, our policy is to charge \$50.00 for a missed appointment. You will be responsible for this fee; it is not covered by insurance. **If you “no-call, no show” three times or have three late cancellations your clinician may consider dismissal.** A late fee of \$30 will be added to your account if more than 10 minutes late for an appointment.
- ^ **If Your Child is Sick:** Please let us know as soon as possible but missed appointment fees are not charged for illness. We sincerely appreciate the courtesy you show when you keep a sick child home.
- ^ **Leaving Premises:** As a courtesy (and when appropriate), The Therapy SP/OT staff allows caregivers to leave the premises during their child’s appointment time. However, they must return 10 minutes prior to the end of the treatment session. If you are late in returning to pick up your child a fee of \$20 will be assessed. You will be responsible for this fee; it is not covered by insurance.
- ^ Our clinic works to support students currently attending or considering ST and OT graduate programs. There will be times when your child is either observed by a student or treated by a graduate student under direct observation of your primary therapist.
- ^ **Past Due Accounts:** Overdue accounts will be referred Summit A-R Collections. Legal fees that we pay to secure past due balances will be added to your account.

I have read, understand, and agree to the above statements.

Signature of Patient or Legal Guardian: _____

Printed Name: _____ Date: _____