

Practices & Policies

(2/1/2024)

I. RATES

A. First Steps To An Evaluation

Initial Consultation Meeting (Parent Meeting: Optional)	\$200 (45 minutes)
Evaluation Session (At Little Hands Clinic) This charge includes the evaluation session, chart review and report. This evaluation is prepaid in order to reserve the day/time & non-refundable.	\$600 (45-60 minutes)
Modified Evaluation Session (At Little Hands Clinic) This charge includes the evaluation session, chart review and goal write up report. Appropriate for returning clients in need of a reassessment, a child who already was evaluated for OT/ST, a social skills assessment. This evaluation is prepaid in order to reserve the day/time & non-refundable.	\$400 (45-60 minutes)
Evaluation Session (At School) This charge includes the evaluation session, chart review and report. Drive time not included (Drive time billed at \$75/hour). This evaluation is prepaid in order to reserve the day/time & non-refundable	\$700 (45-60 minutes)

B. Follow Up To Evaluation

Progress Report Average time 1-2 hours. Progress reports are done every 4-6 months.	\$200/hour
Parent Education Meeting A parent/therapist meeting is required 6 to 8 weeks after initiating weekly therapy.	\$200 (45 minutes)

C. Therapy Service Rates

Treatment Session (Occupational Therapy) If a child is over 10 minutes late to be picked up, additional charges will be applied as per hourly rate. Groups of three or more participants are offered at a prorated rate.	\$175 (45 minutes)
Treatment Session (Speech Therapy)	\$180 (45 minutes)

If a child is over 10 minutes late to be picked up, additional charges will be applied as per hourly rate.	
Treatment Sessions in Child's School (Occupational Therapy)	\$180 (45 minutes)
Treatment Sessions in Child's School (Speech Therapy)	\$185 (45 minutes)
Consultative Services These include progress reports, home programs, school observation, and/or email/phone calls that exceed 10 minutes.	\$200 (45 minutes)
Feeding Therapy	\$250 (45 minutes)
Insurance Paperwork (as requested)	\$75/hour
Drive Time	\$75/hour

D. Additional Reports/Re-assessments

Progress Report (every 4-6 months) <i>This is a required part of therapy and will be written by the therapist every 4-6 months</i> Average time: 1-1.5 hours.	\$200/hour
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E. Specialized Consultation Services (\$250/session - 45 minutes)

Behavior plans, implementation of home strategies, school placement, prioritizing therapies, sibling challenges, and public school services consultation (IEP & 504)

II. PROCESS/DESCRIPTION OF SERVICES

A. Initial Consultation Meeting (\$200 - 45 minutes)

(Recommended but optional)

The therapist and parent(s) discuss concerns related to the child's functioning. The therapist provides recommendations for an evaluation, treatment, and/or home strategies.

B. Evaluation Session (\$600)

(Required for treatment)



Approximately 1 hour of testing using standardized and/or informal measures to assess the child's strengths/weaknesses and determine the need for weekly therapy. Report with findings and goals: Written description of administered tests, the child's performance, and areas to target in treatment (if applicable). This report includes a treatment plan (when treatment is recommended) with baseline areas of functioning and 4-6 month goals.

C. Modified Evaluation Session (\$400)

(Appropriate for returning clients in need of a reassessment, a child who already was evaluated for OT/ST, a social skills assessment)

Approximately 1 hour of testing using standardized and/or informal measures to assess the child's strengths/weaknesses and determine the need for weekly therapy. Report with measurable goals: Report includes 4-6 month measurable goals for weekly therapy (when treatment is recommended) with baseline areas of functioning.

D. Progress Report (\$200/hour)

(This is a required part of therapy and will be written by the therapist every 4-6 months)

This report describes the child's progress toward targeted goals, his/her current levels of functioning, and the new treatment plan (if continued treatment is recommended). Progress reports are provided every 4 to 6 months (depending on the frequency of treatment sessions). If additional progress summaries are provided (e.g., via email) they will be billed at the evaluation hourly rate of \$200/hr.

E. Evaluation Feedback Meeting (\$200 - 45 minutes)

(Strongly recommended but optional)

The therapist and parent(s) review the evaluation report and treatment recommendations.

F. Consultative Service (\$200 - 45 minutes)

(Depending on needs of child/family)

The therapist provides recommendations and strategies for home and school settings to optimize the child's functioning and addressing areas of concern. Classroom observations, consultation with parents/school staff, and therapy collaboration with other specialists are also commonly provided.

Cost: **\$150 (30 minutes)**
 \$200 (45 minutes)
 \$250 (60 minutes)

G. Treatment Sessions

(Depending on needs of the child)

Individual, paired, and small group sessions are available. Co-treatment sessions (speech/language therapy combined with occupational therapy) are also offered when appropriate. Treatment sessions are typically 45-minutes in duration (with the



remaining 15 minutes of the hour being used for treatment note-writing and planning). Group rates are based upon the number of participants present for each session and may vary depending on cancellation or schedule changes week to week.

Cost: **\$175/session (45 minutes - Occupational Therapy)**
 \$180/session (45 minutes - Speech Therapy)
 \$250/session (45 minutes - Individual Feeding Therapy)
 \$200/session (45 minutes - Group Feeding Therapy)

III. PARKING & PROCEDURES DURING SESSIONS

On-site parking is available. Parents are not **required** to stay at the clinic while their child is participating in therapy sessions or evaluations. We highly value parent participation in sessions although they are not required, please contact your therapist ahead of time (**at least a week**) to arrange for a session **WITH** your child, due to privacy of other families participating at Little Hands.

IV. CANCELLATIONS/NOT SHOWING UP TO SESSIONS

There is no charge for canceled services **due to your child's illness** when **at least 24 hours** notice is given. Otherwise, missed sessions due to a child's illness will result in a charge for the full cost of the session. Please notify the therapists of **planned vacations or other conflicts with at least 2 weeks** advance notice otherwise sessions will be fully charged. Notice of changes in schedule (**sickness and/or vacation must be in the form of email or phone call to therapist**).

V. PAYMENT & INSURANCE

Invoices for therapy sessions are electronically delivered at the end of each month. **Payment is due upon receipt; late fees are applied if payment is not received by the 15th of the month. If invoices are received late 2 months in a row, Little Hands has the right to request pre-paid monthly invoices for services (payment for upcoming months of services must be received before the 5th of each month). A credit card will be held on file and used in the event of a 30 day past due invoice.**

Evaluation sessions are pre-paid in full once a date and time are confirmed in conjunction with our What to Expect email. This charge is NON-refundable once scheduled; if your child is sick or cannot make the appointment we will do our best to support rescheduling the evaluation. **The full cost of the evaluation write up report is due once the report is complete and invoice is received, prior to receipt of the written report. Report will be provided once payment of the report is received.**

While we provide no direct insurance billing from this office, we are happy to provide you with super bills, which are receipts for therapy services with relevant diagnosis and treatment codes. Periodically, insurance companies may request documentation regarding Occupational Therapy and/or Speech Therapy services, and we routinely provide evaluation and updated progress reports as requested by insurance companies at a rate of \$75/hour.



Super bills can also be accessed through your patient portal using this link:

<https://app.fusionwebclinic.com/portal/littlehandsot>

Through the patient portal you can make payments, check appointments, print/download documents, and keep track of invoices.

A processing fee of 4.2% is charged to all debit and credit card transactions.

VI. TERMINATION OF THERAPY

If you terminate therapy, for any reason, we require **at least 2 weeks of sessions' prior written notice** in order for the therapist to transition the child out of therapy and complete closure. We reserve the right to terminate our relationship with a client at any time for any reason. Unless circumstances require otherwise, if we terminate the relationship, we will provide at least 2 sessions' prior notice.

VII. DELINQUENT ACCOUNTS

Invoices will be sent via email at the end of each month to be received by the 1st of each month. Invoices are due upon receipt. **Late fees are applied if payment is not received by the 15th of the month.** Collection of past due accounts will be initiated if non-payment of the account extends beyond 60 days. A credit card will be held on file and used in the event of a 30 day past due invoice. You will be responsible for payment of reasonable attorney fees and all collection costs, including court costs in the event action is commenced to collect past due accounts. Collection agency fees shall be no less than 35% of the outstanding balance. **If invoice payments are received late 2 months in a row, Little Hands has the right to request pre-paid monthly invoices for services. Payment for an upcoming month's services must be received before the 5th of each month.**

VIII. COVID-19 DISCLOSURE, ACKNOWLEDGMENT AND LIABILITY

WAIVER

By signing this form, I acknowledge the contagious and still unknown nature of the COVID-19 virus and voluntarily assume the risk that I or my family members (child) may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, serious illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others. I voluntarily agree to assume all of the foregoing risks related to COVID-19 and accept sole responsibility for any injury to myself or my invitees, including, but not limited to, personal injury, illness, disability, death, damage, loss, claim, liability, or expense, of any kind, that I or my child/family member may experience or incur in connection with visiting Little Hands for therapy. I hereby release, discharge, covenant not to sue, and hold harmless to Little Hands, their employees, agents, representatives, associates and insurers (collectively "Released Parties"), of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Released Parties whether a COVID-19 infection occurs before, during, or after my or my child's visit



at Little Hands. I acknowledge and agree to take appropriate precautions, including maintaining good personal hygiene including frequent hand washing or sanitizing and staying at least six feet from persons not in my party or related to me. I further agree to make every effort to follow all rules, policies, and safety precautions established by the Centers for Disease Control and Prevention (“CDC”), the California Department of Public Health (“CDPH”), or other State or Federal agency, whether posted in writing or explained to me verbally, and take all necessary steps to reduce the risk of illness to me and my party. I specifically acknowledge and agree to not come to Little Hands if anyone in my family are experiencing any of the symptoms of COVID-19 as identified by the CDC and/or the CDPH including cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell. By signing below, I understand that I am releasing any potential Claims against Little Hands and in return I will be permitted to visit and participate in activities at and around the clinic.

IX. PHOTO/VIDEO RELEASE RELEASE OF LIABILITY

I agree that any photographs or video taken of me and/or my child or testimonial given may be used for promotional, educational and/or publicity without any compensation or prior approval. By signing this agreement, I waive any right to present or future claims against Little Hands Occupational Therapy Inc., its officers, board members, employees, and/or my child's school in the event of an accident, injury, or loss of personal items. I hereby give my consent to the photo, video and audio capture of my child and Little Hands Occupational Therapy Inc. is hereby authorized to use or cause to be used photographs or recordings of voice for internal educational and external business purposes. Photographs and/or recordings may be used singularly or in conjunction with other photographs and/or recordings. Little Hands has my authorization to reproduce, or cause to be reproduced and used such photographs, video and voice recordings. I hereby release Little Hands, any of its associated or affiliated companies, their directors, officers, therapists, employees, customers, directors, agents and employees, from all claims of any kind on account of such use.¹

X. CHANGE IN POLICIES

The terms and conditions in this policy may change from time to time. Such changes will occur with 30 days written notice.

¹ An exemption from the above policy (IX) requires a written notice to Little Hands which can be emailed to gp@littleshandsot.com.