



# Development is CHILD'S PLAY!

Where Fun and Function Go Hand-in-Hand

## SERVICE AGREEMENT FOR OCCUPATIONAL THERAPY EVALUATION / CONSULTATION

Please indicate the appropriate service below:

\_\_\_\_\_ I am requesting an **evaluation** for my child \_\_\_\_\_ .

I understand that the charge for evaluations with a written report is \$1080. This will cover the rate of \$360 per hour for time spent in direct assessment, review of records, and (when requested) telephone consultation with other team members. This cost includes a written report and one-hour parent conference. If additional services or extended time is needed, the fee may be higher.

Occasionally a child may not be able to tolerate structured testing and we may need to do “diagnostic therapy”. The assessment may take place in shorter, play-based sessions, over more visits. For such an assessment, the cost of the first 2 1-hour visits is \$360, with following visits at our therapy rate of \$180. A separate parent conference, if desired, is also \$180. I agree to make an initial payment of \$360 and a payment of \$90 (**cash, check, or credit card imprint**) at the time that forms are submitted. I understand that I am responsible for all charges. Payment for the balance will be due upon completion of the evaluation. Balances more than 30 days overdue are subject to additional fees.

\_\_\_\_\_ I am requesting a **consultation** for my child \_\_\_\_\_ .

I understand that for a limited **consultation** with immediate verbal therapist feedback without a parent conference or written report (not appropriate for obtaining insurance coverage for ongoing treatment), the rate is \$360 for up to 1.5 hours. Any additional time or follow-up session(s) will be at the rate of \$180 per 50 minutes. If a written report is needed, it will be an additional \$90. Initial payments (**cash, check, or credit card imprint**) of \$360 and \$90 are due when forms are submitted.

Providing services may involve exposed skin and physical skin-to-skin contact. Movement and the use of suspended or unstable equipment are integral to our therapy programs. While reasonable efforts will be made to ensure safety, I recognize that injuries can occur.

\_\_\_\_\_  
signature

\_\_\_\_\_  
relationship to the child

\_\_\_\_\_  
date

Are child's parents divorced? \_\_\_\_\_ yes; \_\_\_\_\_ no. If divorced, please provide the signature of the other parent or documentation of custodial powers. No services can be provided without this information.

\_\_\_\_\_  
signature of other parent

\_\_\_\_\_  
print name

\_\_\_\_\_  
date

Based on your experiences, please give strategies to use or avoid when working with your child (continue on back as needed):