



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 **evaluation** will cost \$350 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. The minimum charge for evaluations with a written report is \$875. An evaluation typically runs \$875 - \$1225. 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 \$350, with following visits at our therapy rate of \$175. A separate parent conference, if desired, is also \$175. I agree to make an initial payment of \$350 and a payment of \$87.50 (cash or check only) 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 \$350 for up to 1.5 hours. Any additional time or follow-up session(s) will be at the rate of \$175 per 50 minutes. If a written report is needed, it will be an additional \$87.50. Initial payments (cash or check only) of \$350 and \$87.50 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):