

Pediatric Play Therapy

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Sue Henry OTR/L & Leticia Vargas OTR/L

Patient Name: _____ DOB: _____ Telephone #: _____

1. It is the patient/parent(s)/guardian responsibility to inform Pediatric Play Therapy of any and all changes in insurance information, including group policy number, identification number, phone numbers, addresses, etc., as soon as possible. **Failure to do this could result in total patient responsibility for charges incurred.**
2. *No-Shows:* Appointments are a contract for the exclusive use of the therapist's time. **Parents will be charged the full session rate for no-shows.** Termination of services may occur following three sessions that were not cancelled ahead of time.

Cancellation Policy: We are committed to providing quality consistent services to our clients. Therapy will be most beneficial to your child with **consistent attendance**. It is also important that you arrive on time so that your child can benefit from a full session. We understand that there will be unavoidable circumstances that may come up. **In order for us to plan appropriately for staff, we require that parents call to cancel their appointment for illness or an unavoidable conflict as soon as possible.** When possible, we will try to reschedule your appointment. Families will be provided with 2 cancellations per quarter (Jan- March / April- June / July- Sept./ Oct.– Dec) with no roll-over between quarters.

Vacations: We do not **hold** slots for families that take vacations for extended periods (beyond 3 weeks). We understand that families take vacations for up to a month and beyond, but we cannot guarantee your current appointment time will be available upon your return. ***Initial that you have read #2***

3. For your convenience, Pediatric Play Therapy allows parents/legal guardians or caregiver to leave the premises during their child's appointment. However, it is very important to be back on the premises 10 minutes before the patient's appointment is scheduled to end so the therapist can discuss treatment with the parent/legal guardian or caregiver. If you are not available the first 5 minutes after therapy has ended, you will forfeit your consultation time for the session. For those families who receive back-to-back occupational and speech therapy, you must be available following each therapy session for consultation or you will forfeit the consultation should you choose/need to leave the premises. If Pediatric Play Therapy notices chronic tardiness in picking up children, we will begin asking the parent/legal guardian or caregiver to stay during the patient's treatment. Pediatric Play Therapy must have a cell phone number to reach you before leaving.
4. Additionally, Pediatric Play Therapy realizes the parent/legal guardian or caregiver's time is important, and it is our sincere intention to honor all appointment times. On occasion, a delay or emergency will occur. For this reason, we may need to delay or reschedule the patient's appointment. If this occurs, notification will be given as early as possible. To expedite this process, we ask the parent/legal guardian/caregiver to provide us with a daytime telephone number for notification purposes.
5. *Out of pocket Policy:* Insurance policies are contracts made between the patient and the insurance company. When insurance does not provide payment of therapy costs, payment of the bill is your responsibility. If for any reason treatment is denied by your insurance, we will charge for the usual and customary amount paid by your insurance company. ***Initial that you have read #5***
6. *Consent to release photo of your child:* We like to display pictures of the children who come to Pediatric Play Therapy. Please initial if it is ok for Pediatric Play Therapy to display pictures of your child in our brochure, website, advertisement/promotional activities in our clinic.
7. Both private insurers and the Federal Government prohibit waiving and/or reducing the co-payments. Due to company and industry wide standard ethics, we are required to collect all co-payments and deductibles that are due by your specific policy. We are obligated to be in compliance with these standards. ***Initial that you have read #7***

Parent/Legal Guardian

Date

Pediatric Play Therapy

Date