OT4LIFE
OCCUPATIONAL THERAPY FOR CHILDREN

Phone: 561-419-3944 • Email: info@ot4lifeflorida.com

Payment Policy

Thank you for choosing OT4LIFE. We are committed to providing you with the highest quality care. Please know that the timely payment of your bill is an integral part of our service and as such, this payment policy is an agreement between you and OT4LIFE for payment of services provided. By signing this policy, you are agreeing to pay for services provided to you or your family member. As a client of OT4LIFE, you are required to carefully review and sign our payment policy.

Please read the following information carefully:

All therapy fees are due at the time of service.

OT4LIFE accepts the following payment methods at this time: Cash, Check, or Credit Card.

Checks should be made payable to **OT4LIFE**.

Credit Card Authorization:

☐ I authorize OT4LIFE to debit my credit card account for the amount indicated for evaluation and therapy services per the attached payment and fee schedule on or after the date of service. I understand that I will receive a receipt via email for all transactions placed on my credit card. This authorization is permission for current and future services as outlined in this agreement, and does not provide authorization for unrelated debits or credits to your account.

Name on Card: _____

Billing Address: _____

_____

Credit Card Type:

☐ Visa ☐ Discover
☐ Mastercard ☐ American Express
☐ FSA ☐ Other _____

Credit Card Number: _____

Expiration Date: _____ Card Identification Number: _____ (3-4 digits on credit card)

Cardholder, please sign and date:

Print Name: _____ Signature: _____

Date: _____

Child's Name: _____ Date of Birth: _____

Credit Card Authorization

I authorize OT4LIFE to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for therapy services, for the amount charged by the practice, and is valid for ongoing monthly and weekly services. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Please read and check off all boxes to acknowledge understanding and then sign below:

☐ I understand that I am responsible for all costs and fees for services. I understand that I will be billed accordingly and will be responsible for immediate payment. I also understand that OT4LIFE will not become involved in disputes between myself and any insurance company should I choose to submit therapy invoices on my own to my insurance company to request reimbursement.

☐ I understand that if fees are not paid in full, treatment sessions may be postponed or cancelled until payment is received.

☐ I understand that if my account balance reaches $500 or any outstanding payments are not received within 30 days of service, the outstanding amount will be charged to my credit card on file.

☐ I understand that all returned checks will be subject to a $35 returned check fee. This fee will be submitted to OT4LIFE. Charges incurred and not paid after 30 days may be turned over to a collection agency at your expense. Overdue accounts may also be reported to a Credit Bureau.

☐ I understand that I am responsible for all legal and collection fees, which OT4LIFE may incur if payment is not made in accordance with the terms and conditions herein.

☐ I understand that refunds will be issued only in instances of overpayment. All refunds will be processed within 2 weeks after the overpayment is discovered or at the time the refund is requested. Refunds for payments made with a credit card will be credited back to the credit card used; all other refunds will be issued by check.

☐ I, understand that all cancellations require at least 24 hours notice and that there will be a $40 charge for any cancellations made less than 24 hours. This charge is my sole responsibility.

☐ I, _____, (Parent / Legal Guardian) understand the payment policy and the risks of not adhering to it.

_____
Name of Child/Client

_____ _____
Printed Name of Parent or Guardian/Legal Representative Date

_____ _____
Signature of Parent or Guardian/Legal Representative Relationship to Child/Client

_____ _____
OT4LIFE Representative Date

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2017 Services and Fees

Evaluations, Observations, and Meetings:

- Complete Written Evaluation $450.00
  (Includes brief parent interview, evaluation of child, and written report)
- Evaluation Including Sensory Integration and Praxis Test (SIPT) $800.00
- Re-Evaluation or Plan of Care $350.00
  (This is completed annually following the initial evaluation.)
- School or Other Professional Meeting or Consultation $150.00
- School Observation without Report $150.00
- School Observation with Written Report $250.00

Therapy Sessions:

- Home Session, 1 Clinical Hour $135.00
  (This rate is for home locations within 10 miles of 33498 zip code.)
- Community-Based Session, 1 Clinical Hour $135.00*
  (This rate is for community-based locations within 10 miles of 33498 zip code.)

*Any additional community site-specific fees will be covered by the child's family in addition to the session fee.

Note – A clinical hour is 55 minutes. Therapy is followed by a 3-5 minute session recap with the child's parent or guardian.

Contact OT4LIFE for a price quote for locations more than 10 miles from 33498 zip code.