



1935 Cliff Valley Way, Suite 119  
Atlanta, Georgia 30329  
404.636.5272 phone  
404.636.5644 fax  
www.sensaweeplay.com

## POLICIES AND FEES 2008

### APPOINTMENTS

Initials \_\_\_\_\_

When you make an appointment, a specific period of time is set aside for you. If you are late, we do not extend your session beyond the reserved time, because it would infringe on the next patient's appointment. You will be expected to pay the full fee.

### CANCELLATIONS

Initials \_\_\_\_\_

Since a specific time is scheduled for your therapy session, we are not free to offer that time to anyone else who might want or need it. Therefore, all appointments not cancelled at least 24 hours in advance are charged at the full fee. (Cancellations due to emergencies and illness, of course, will be exceptions).

### CONTACT

Initials \_\_\_\_\_

Our office number is (404) 636-5272. Feel free to leave confidential information at any time of the day. Please remember that we are with appointments throughout the day; therefore, we may not be able to return your call immediately.

### FEES

Initials \_\_\_\_\_

#### Therapy

60 minute session \$140.00 (\$145.00 as of March 17, 2008)

#### Evaluations

Handwriting and SI Screenings \$60.00 (these are not on site but offered to specific schools)

Formal Initial Evaluation \$500.00

Re-Evaluation \$250.00

Looksie (an initial evaluation without a report) is based off our hourly rate

*Fees for Intakes, Phone Consultations, Emails, School Observations Meetings and Feedbacks will be the hourly rate. If a screening has taken place and a full evaluation is warranted \$60.00 which was paid for your screening will go toward the Formal Initial Evaluation.*

### PAYMENT

Initials \_\_\_\_\_

Payment is due at the end of each individual therapy session whether you are filing for insurance or not. Group Therapy must be paid in full prior to the start of the group.

Payment can be made through either a check written out to: Sensawee Play or by credit card. If credit card is your preferred payment method it is suggested that you keep your credit card on file with us so as to not take away time from your appointments.

### INSURANCE INFORMATION

Initials \_\_\_\_\_

Please be advised that we are not an insurance "network provider". For the purpose of filing insurance claims, we are referred to as an "out-of-network" provider.

We are happy to verify your "out of network" benefits. But please remember our agreement is with you and not your insurance carrier. We have no control over the coverage you or your employer has chosen. Please understand that this verification is only an estimate and not a guarantee by your insurance payment. Your only guarantee is actual payment after claim is filed.

As the patient, you are ultimately responsible for total payment for services rendered regardless of insurance payment.

It is common for insurance companies to require a diagnosis code on your statements upon submittal. In order for me to provide the appropriate information for your insurance company on your bill I will need a copy of a current prescription from your pediatrician with a medical diagnosis code/ICD-9 code (please be advised that this is typically a 5 (XXX .XX) digit numeric diagnosis code).

# INSURANCE FILING

Initials \_\_\_\_\_

We *do not* automatically file insurance claims. We will provide you with a monthly invoice that contains the necessary information for you to submit to your insurance company on your own.

If you would like for us to file your insurance we will be happy to do so. You will notice a \$35 dollar Administration Fee added onto your monthly billing statements (\$35 per child/per therapy service). This payment is due at the end of each month. Please add this fee to the last payment of the month. If at any time you wish to cancel this service please advise us prior to being charged at the end of the month.

Please be advised that your first few claims may take up to ten weeks to process, after that, six to eight weeks is the approximate time frame for processing. We will follow up on unpaid claims and we can report the findings by email to parents. We will NOT follow up on any claim before eight weeks from the time of filing. As this is not an abnormal time frame to hear back from insurance companies.

If your insurance company requests documentation in order to process claims....YOU will be responsible to fax or mail in that information and confirm it's receipt.

## PLEASE CHECK OFF ONE OF THE FOLLOWING:

\_\_\_\_\_ *We do want to be charged a monthly \$35/per client/per service for Sensawee Play to file our insurance claims. Please list your child's name and circle the service rendered.*

Childs Name \_\_\_\_\_

Therapeutic Service: PT / OT / Speech

Childs Name \_\_\_\_\_

Therapeutic Service: PT / OT / Speech

Childs Name \_\_\_\_\_

Therapeutic Service: PT / OT / Speech

Childs Name \_\_\_\_\_

Therapeutic Service: PT / OT / Speech

\_\_\_\_\_ *We do not want Sensawee Play to file insurance claims on our behalf..*

## I HAVE READ AND UNDERSTOOD SENSAWEE PLAY'S POLICIES AND FEES:

Please print your name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_