



## Therapy Contract

Dear Parent,

Thank you for entrusting us with the care of your child. KTZ assures you that we will put forth maximum effort while working with your child, your family, and any other professionals involved in your child's care. In return, a level of commitment must be made on your part.

Consistent attendance in therapy is essential for the best possible outcome for your child. Please review this treatment agreement carefully and sign at the bottom. There are two copies of this form, one for your records and one for ours.

### Payment for services:

Payment is due at the time service is rendered, unless other arrangements have been made in advance. Therapy may be covered by some insurance plans. As a courtesy, we can submit claims to your insurance company for you or provide a receipt with the medical diagnosis and treatment codes needed for you to submit for reimbursement.

**You WILL BE responsible for any portion of the cost that is not covered by insurance. Payment is accepted in the form of credit card, cash or check.**

Checks returned due to insufficient funds are also subject to a \$25 service fee. Payment is accepted in the form of cash, check, or credit card. There is an additional \$5 fee per visit for credit card payments.

### Cancellation Policy:

If an absence must occur, we ask that you notify us at least 24 hours in advance so that we may make other arrangements for that time we have reserved for your child.

**There will be a \$50.00 charge to any cancellation not made within 4 hours**

**The full rate for the therapy session will be charged for No Call/No Shows**

Missed treatment fees are not covered by insurance.

### Tardy Policy:

If you know you will be more than 5 minutes late for your appointment, it is required for you to contact your therapist to inform them. If you are more than 15 minutes late, your session will be cancelled and the \$50 Cancellation charge will apply. After 4 late arrivals, your child will be removed from the schedule and placed on the waitlist until all other potential clients have been assigned a therapy time slot.

### Medicaid Insurance Cancellations/Tardy Policy:

As Medicaid Providers, we are not allowed to charge the parent for a missed visit or late visit. In these cases, you will be taken off the therapists schedule after 3 no call/no show and/or tardy visits. If you cancel your appointment three times or more consecutively you may be taken off the schedule.

### Team Approach:

As stated previously, we are a team. That team includes you, your child, and any other professionals working with your child (i.e., teachers, caregivers, physicians, psychologists, other therapists, etc.). Your child and the therapist will work very hard during his/her therapy sessions but please be aware that we will also be providing a home program that is suited for your child and his/her specific needs. The more consistently you are able to follow through with that home program, the faster and more efficient we will see positive changes in your child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date