

OT Boston

Danielle Fernandes OTR/L
Occupational Therapist

OFFICE POLICIES

My mission is to provide high-quality pediatric occupational therapy services that enhance the well-being and development of children while fostering a supportive and collaborative environment for both clients and staff. Below are my office policies.

1. Pricing and Invoicing

- Individual Occupational Therapy sessions are \$100 USD per 30 minute session.
- Formal comprehensive Occupational Therapy evaluations are \$400-\$500 for up to a 2-hour assessment.
- Treating specialists may need to complete initial occupational therapy assessments to gather up-to-date information for the purpose of developing a comprehensive treatment plan, if current testing has not been completed. Assessments may also be given through out treatment for the purpose of progress monitoring. Informal assessment for treatment planing will be shared verbally with clients. Should families wish to request written documentation of informal assessments this can be provided for a written report fee of \$250.

2. Payment and Materials

- Payment is due at the time of service
- Since insurance is not accepted, option for a superbill is available upon request.
 - Superbills do not guarantee reimbursement. The responsibility for claim submission and processing lies with the client.
 - Clients should review their insurance policy to ensure coverage for occupational therapy services and to understand any applicable deductibles, copayments, or coinsurance.
 - This practice is not responsible for claim denials, delays, or disputes with insurance providers.

3. Client Responsibility:

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Clients are encouraged to submit the superbill to their insurance company promptly. Any correspondence or communication with the insurance provider, including appeals and verification of benefits, is the responsibility of the client.

If payment is not received, then you will receive a payment request reminder following your child's session.

All payments for private pay sessions must be received prior to your child's next scheduled session or a \$10 late fee will be applied to your balance.

Specialists reserve the right to discontinue services if payment is not received within thirty (30) days of the invoice date.

All books and non-paper materials used during intervention services are on loan from Danielle Fernandes OTR/L and OT Boston. If books or materials on loan are lost or damaged you will be billed a replacement fee.

4. Attendance, Cancellations and Vacation

- Therapy is most effective when consistent services are provided. Therefore, you must make every effort to attend at least 80% of scheduled appointments. Attendance will be calculated quarterly, and a change or termination of services may be discussed if attendance has been poor.
- If you need to cancel your child's session due to a previously scheduled conflict (e.g., vacation, doctor's appointment, sports, birthday parties), we require 48 hours notice to allow the clinicians time to reschedule other clients. Cancellations with less than 48 hours notice, (with the exception of sudden illness or emergency), will be subject to a flat cancellation fee of \$40.00.
- If no prior notice is given, and client does not attend their scheduled session, the client will be billed at their clinician's billable session rate.
- Specialists may occasionally need to cancel an appointment. Except in cases of emergency or sudden illness, you will be notified in advance, and make-up session will be scheduled when possible.
- We understand that families may need to cancel. However, clinicians cannot hold Occupational Therapy slots for clients beyond 3 consecutive missed sessions. We are a

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small practice and extended absences create financial hardship for our highly dedicated staff. We appreciate your understanding in this matter.

- If families would like to place a “hold” on their services for their child, while they are away on extended vacations or sports schedules, they may make arrangements with their individual clinician to do so at their specialist’s billable session rate.

5. Evaluations and Feedback

- Brief feedback after each session are considered part of your child’s therapy program, so no additional charges will be made. Any conversations/conferences exceeding fifteen (15) minutes in length may be charged at a pro-rated session rate for every 45 minutes.
- Occupational Therapy evaluations will be conducted every six to twelve (6-12) months or as seen fit at the sole discretion of specialists and/or per client request.
- Progress notes will be written as needed for insurance purposes.
- If you request additional written progress reports for educational planning purposes, a separate report will be written summarizing evaluation findings and outlining comprehensive recommendations for maximizing occupational therapy skills in a school setting. The cost to prepare this additional information is \$250 per report. This information is not needed to justify medical necessity of therapy and does not fall under insurance coverage. For this reason, you are responsible for the full payment for any requested reports.
- If you request additional documentation, beyond the evaluation reports, it may be subject to additional charges.
- If you request your specialists attendance at an off-site meetings (such as an IEP meeting), it will be billed privately at your session rate per forty five (45) minutes for the length of the meeting time.

6. Confidentiality and Consent

- Unless otherwise agreed, all information disclosed in therapy sessions, evaluation reports, education reports, or the like will be kept in strict confidence by your specialist.

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- As part of a clinical team at MetroWest Speech, Language & Literacy, we collaborate and utilize peer review in order to offer the best services for your child. And as part of a team, it is helpful for us to observe and/or discuss one another's treatment from time to time.
- By signing below, I grant consent to specialists at MetroWest Speech, Language & Literacy including Danielle Fernandes, Occupational Therapist, to discuss matters of my child's treatment with clinicians and educators at MetroWest Speech, Language & Literacy.

7. Office Health & Safety Guidelines

We are adhering to State and Federal Health and Safety Guidelines as set forth by the CDC and MA Department of Health. In order to ensure the health and safety of both clients and staff, the following protocols have been established and will be followed during in-person office visits:

8. Office Health & Safety Procedures

- Parents are responsible for providing a list of any known allergies in writing prior to the first therapy session or evaluation.
- By signing the policy below, you authorize Danielle Fernandes OTR/L to seek medical treatment for your child if necessary when a parent or caregiver cannot be reached.

9. Telehealth Policies and Informed Consent (Telehealth Services)

- Telepractice Occupational Therapy sessions are offered using video applications over a high speed internet connection to clients. In addition, in-person clients may need to access teletherapy sessions at certain times due to state mandated closures of in-person business. Clients are responsible for their own devices, software, and internet connection. Specialists will initiate sessions on established days/times.
- Parents should be available to assist their child as needed for accessing the technology to optimize the sessions.
- Any electronic communication, including Telepractice, carries privacy risk. By pursuing Telepractice, you accept the risk inherent to this medium.

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- Occupational Therapy teletherapy sessions will be charged at the same private pay rate as in-clinic sessions.

I certify that I have read, understood, and agree to the aforementioned policies, including health and safety policies and telepractice informed consent set forth by the Danielle Fernandes OTR/L (Pages1-5).

This authorization will remain valid until my child is discharged, and/or services are discontinued.

(Signature)

(Date)

(Print Name)

Contact Information

(Child's Full Name)

M____ F____
(Sex)

(Parent's Name)

(Child's Birthdate: mo./day/yr.)

(Home Phone)

(Cell)

(Street Address)

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(City)

(State)

(Zip)

(Email Address)

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