



Occupational Therapy Services

Teresa Whigham, MS, OTR/L. Owner

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## NEW CLIENT PACKET

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*\*Please fill out OT Intake, Release of Information and Receipt of Policy Forms and bring with you to your first visit.*

*Thank You!*



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Welcome!

Thank you for choosing Paramount Therapy Resources, LLC. Paramount Therapy Resources (PTR) is a therapist owned and operated practice. The mission of PTR is to provide quality occupational therapy services to children from birth through adolescence by helping them function optimally in their natural environments. We believe this is done through a collaborative team effort that includes the child, parents, caregivers and therapy providers. Our occupational therapist specialize in sensory processing dysfunction, ADL training, fine motor/visual motor skills, handwriting, and feeding. Therapy is provided in the child's natural environment with continual opportunity for information exchange with the family. Therapy goals are developed with input from the parents regarding their child's needs.

Occupational Therapy services begins with a full evaluation. Evaluations are chosen based on the child's age and needs. Plans for intervention are made after results from the testing is reviewed with the parents. Recommendations for frequency of OT services varies based on findings of the assessment. The frequency of services are delivered either two times weekly, once a week, twice a month, or through home programming as a consult. These frequencies may be increased or decreased depending on the child's progression.

Generally, OT treatment sessions are 60 minutes. During the 60 minutes, children are engaged in fun activities that focuses on underlined areas of concern identified during testing.

We look forward to working with you as a part of our team!!

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## Payments

Payment in full is expected at the time of the initial evaluation. PTR maintains the following fee schedule:

### Assessments:

Standard OT evaluation and report - \$550.00

Complete SIPT battery, parent conference and report (4-9 yr. olds only) - \$800.00

Handwriting consultation - \$250.00

Sensory consultation - \$250.00

\*Recommendations that can be implemented at home and school come with all consultations

### Treatment Sessions:

Treatment including paperwork @ 60 minutes-\$120.00

\*Treatment sessions are 50 minutes. The remaining 10 minutes is allocated for writing brief progress notes, contact with the parents regarding the session as needed, and other administrative duties for that client.

\*In the event the parent requires longer than a 10 minute discussion a scheduled phone call can be made to the treating therapist.

### Annual Parent Conferences:

Includes a written updated progress report and goals-\$120.00

\*Conferences are scheduled for 60 minutes



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**RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby grant permission to Paramount Therapy Resources, LLC, and its employees to release information related to my child, \_\_\_\_\_, plan of care to:

1) Only the people listed below:

\_\_\_\_\_

2)

All professionals involved in my child's care, including my insurance company, for information exchange pertinent to my child's treatment program.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**SESSION FEEDBACK**

In the interest of time, feedback following your child's treatment session is often provided in the waiting room. As other families are often present at that time, this feedback is often able to be overheard. Therefore, we ask that you check and sign one of the following options: \_\_\_\_\_ I agree to have feedback regarding my child's performance in the treatment session provided by his/her therapist in the waiting room. \_\_\_\_\_ I would prefer to have feedback regarding my child's performance in the treatment session provided by his/her therapist in a more private setting such as a treatment room. I will come to the therapy room for the final 10 minutes (or longer if requested by the therapist) of the session for feedback/collaboration.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**AGREEMENT OF PAYMENT**

I, \_\_\_\_\_, agree to be responsible for charges incurred in (Print name) the treatment of \_\_\_\_\_. I fully understand that Paramount Therapy Resources, LLC does not submit insurance claims and it is my responsibility to obtain and submit all necessary documentation to receive such reimbursement. Payment for services is expected at the time of service or within 15 days of receipt of statement if billed monthly. I also accept responsibility for legal fees incurred in obtaining payments should my account become delinquent.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**RECEIPT OF CANCELLATION AND SICK POLICY**

I also acknowledge receipt of Paramount Therapy Resources, LLC cancellation and sick policy dated 09/01/16 and agree to the terms set forth.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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## PAYMENT AND CANCELLATION POLICY

(Effective 9/1/2016)

**Payment for therapy sessions is required at the completion of each appointment with your child's therapist.**

A superbill will be provided to you at that time, showing the amount due and paid, as well as all necessary coding required by insurance companies. Payments can be made by check, cash, or credit card.

Therapy sessions are inclusive of the time for writing treatment notes, parent feedback, billing/payment, clean-

--up and preparation. Accordingly, direct treatment time with your child for a 60 minute session would be 45--50 minutes, a 45 minute session would be 35--40 minutes, and a 30 minute session would be 25 minutes.

**If your child is being evaluated for services, we require full payment at the time of the assessment.** The evaluation cost will depend on the amount of testing done and the time required for interpretation, scoring, consultation with additional professionals, etc.

**We are not in-network providers for any insurance company and therefore submission of invoices/claims is the responsibility of the patient's family.**

Two week notice is required to alert your child's therapist to any unexpected termination of service. A fee equal to 2 weeks of service will be charged without this notice.

### **CANCELLATIONS:**

In order to ensure your child gets the most out of his/her therapy program and that our therapist's available time is maximized, we must adhere to the following strict cancellation policy:

- **24-hour cancellation is preferred whenever possible; however, you must notify the office/therapist by 8:00am on the day of your appointment to avoid incurring a fee.**  
Please leave a message in your child's therapist's voice mailbox if someone is not personally available to take your call. The machine will record the day and time of your call. **Email cancellations must be made one week in advance of your scheduled appointment; otherwise, they will not be honored.**



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- **All no show appointments or appointments cancelled after 8:00am on the day of your child's scheduled session will be charged the full therapy fee.** This is necessary due to therapist's time spent planning and setting up for that particular session and her/his inability to see another child during that time slot with late notice. **Makeup appointments are strongly encouraged; however, you will still be expected to pay for the missed session as well as the makeup session, unless made up on the day of the missed appointment.** Cancellations due to an emergency will be reviewed on a case by case basis; this includes your child becoming sick while at school. A waiver of the late cancellation charge is not guaranteed.
- **Should you fail to cancel an appointment and/or not show up at your scheduled appointment three times during the course of your child's treatment, therapy will be terminated.** The same will hold true for frequent cancellations without rescheduling. You will be billed for any outstanding balance.
- **If you arrive late to an appointment, you are still responsible for the full session fee.**
- An 85% attendance rate is essential for your child's progress. **Therefore, during the 10 month school year, only 6 cancelled sessions are allowed for a once/week scheduled session or 12 for a child who is scheduled to receive treatment twice/week. After your cancellation limit has been reached, you will be charged for 1/2 of the treatment session rate for each subsequent cancellation, if you're unable to reschedule within 2 weeks of the cancelled appointment.**
- PTR recognizes **and will close on Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Memorial Day, and Independence Day.** Cancellations beyond the stated holidays will count toward your child's cancellation limit.
- Scheduling makeup appointments is strongly encouraged to ensure consistency in your child's treatment program. If scheduled within two weeks of an on-time cancel, the missed appointment will not count against your child's allowed missed sessions. This is, however, dependent on therapist's availability and therefore not guaranteed.
- **GROUP-This cancellation policy also applies to group therapy sessions, however, make up appointments are not generally available. Frequent cancellations will result in a loss of your group treatment spot as one child's absence affects the entire group dynamic and progress.**

Any questions regarding this policy should be directed to Teresa Whigham, Owner, at 301-452-4051