



2505 W. Shaw Ave., Bldg. A
Fresno, CA 93711
P: 559-228-9100 x 2
F: 559-432-8055
E: GOTInfo@gftherapy.com

Dear Parents,

Thank you for inquiring about our services. We are pleased to be able to assist you and your child.

Prior to establishing occupational therapy intervention options, an evaluation is completed to determine a child's functional abilities in the areas of: fine motor, gross motor, sensory integration, motor planning, and visual-motor control. Depending on the age and needs of the child, the evaluation will last from 1 to 3 hours. If necessary, the evaluation may be broken down into a couple of sessions in order for your child to perform to the best of his / her ability.

After the evaluation is completed, we will provide you with a copy of the evaluation report with recommendations. These recommendations may include: 1) Direct occupational therapy treatment, with the duration of the intervention depending on the needs of your child. 2) Consultation with a home program. 3) Referral to other resources. 4) Alternative recommendations, etc.

Please review these three additional pages:

- Information on insurance coverage.
- Information on payment Policy, which you must sign and return to us if you are paying privately or utilizing insurance.
- Information on our charges and consent form for our agency to work with your child and who we can share information with.

Prior to evaluation, the following is required:

- A free 30-minute consultation with an occupational therapist to determine what areas will be assessed. This can be done by phone or in our office.
- You must speak with our Accounts Coordinator: Susanna, Gregory, or Ruth regarding:
 - Setting up your account and determining your **Method of Payment**.
 - Provide our office with a Prescription **from your MD** that states:
 - "Occupational Therapy Is Medically Necessary."
 - A copy of your **Health Insurance Card**. With:
 - Full Name and Date of Birth of Primary Insured
 - Employer of Primary Insured
 - Client Name and Date of Birth
 - Contact number where someone may be reached

If you have additional questions, you may contact Susanna or Greg at (559) 228-9100 x 2. Please leave your name, phone number, and purpose of the call with the receptionist or on voice mail and Susanna or Greg will return your call within 48 hours.

Sincerely,

A handwritten signature in blue ink that reads "John E. Goodfellow".

John Goodfellow, MOT, OTR/L



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Child's Name: _____ Date of Birth: _____

Mother: _____ Father: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Emergency Phone: _____ Emergency Phone: _____

In an effort to be clear regarding payment policy, Goodfellow Occupational Therapy, Inc. request that you read the following, initial and sign below that you have read and understand our policy.

Please Initial

- _____ 1. Payment for evaluation is due the day the evaluation is completed.
- _____ 2. You will receive a billing statement the same day or mailed to you the next day or provided to you at your next session. Payment is due at the time of session or upon receipt of bill unless other arrangements have been agreed upon by our agency and the client. This must be completed in writing and signed by both parties.
- _____ 3. Either mid-month or last day of each month a STATEMENT will be mailed to you for any outstanding BALANCE DUE.
- _____ 4. If you have any outstanding balance, it is due within 20 days of receipt of Statement. Payments that are late will be issued a 10% late fee.
- _____ 5. Goodfellow Occupational Therapy, Inc. can submit insurance claims for you electronically; with your approval. Sign here: _____
- _____ 6. If insurance denies occupational therapy provided or does not cover occupational therapy services; then the parent/guardian who requested the services is responsible for payment for all services rendered.
- _____ 7. Medical insurance company may initially state that they cover therapy. **However, this is not a guarantee** and they may deny services at any time. Goodfellow Occupational Therapy, Inc. will bill you for all services rendered to **primary insurance only** and you are responsible for 100% of your balance.
- _____ 8. If your child is unable to make an appointment (i.e. vacation, illness, etc.) do your best to inform us within 24 hours of the visit. If you have not notified us of cancellation within 3 hours (circumstances considered) prior to a scheduled appointment, then you will be charged \$60 for that appointment. This is not billable to your insurance company and you are responsible for payment.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE PAYMENT POLICY:

Signature of Parent/Guardian

Date



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Recommendations for seeking Insurance Coverage for Occupational Therapy

Clients are responsible for **payment at the time of service**. You will be provided with a BILL after the evaluation, and the following session. Most medical offices require payment or co-pays be made prior to services being provided. Some insurance companies may take as long as 3 months to begin reimbursement.

Health insurance plans will often cover occupational therapy when it is deemed medically necessary. Our office staff will assist you in determining if your child qualifies for this coverage. We will also submit electronic claims to your **primary health insurance company** for you. Any secondary insurance, you will be responsible for submitting to them for reimbursement. Be aware that most insurance plans do not reimburse for occupational therapy at 100%.

To determine if your insurance will cover occupational therapy do the following:

1. **Obtain a prescription form your medical doctor.** Insurance does not cover occupational therapy without a prescription. The prescription should state: "Occupational Therapy Evaluation and/or Treatment is medically necessary". Prescription must include diagnosis and frequency and duration.
2. **Provide us with a copy of your insurance card.** Please include the name of the client to be seen, the date of birth of the client, the insurer's name if different from the name on the card, insurer's date of birth, and the insurer's employer's name. We will call your insurance company to determine insurance benefits. Currently, we are classified as an Out-of-Network Provider for a majority of insurance companies.
3. **If you call your insurance company,** we suggest that you ask only the following:
 - a. Does my insurance plan cover occupational therapy services?
 - b. Does my insurance plan cover out-of-network providers?
 - c. What is the percentage of reimbursement for out-of-network providers?
 - d. Do I have a deductible that must be met? How much is it? How much has been met to-date?
 - e. How many visits are covered? Is OT combined with any other service that may count against the number of visits allowed?
 - f. Do I need a prior authorization number for services?
 - g. You may need to provide a diagnosis or explanation to why your child may need therapy. Certain terminology must be used, and if certain words are said insurance may deny coverage.
4. **For insurance purposes,** a medical diagnosis is required to cover occupational therapy. Medical doctors give these diagnoses. Medical diagnoses are given special codes. If your child has an established medical diagnosis (i.e. autism, down syndrome, cerebral palsy, etc.) then that code can be used. If your child does not have an established medical diagnosis then the following code is typically used for occupational therapy intervention: ICD-10-CM Code: R27.8 Motor Incoordination/Dyspraxia.

If your insurance company does not cover services or denies services:

1. You have the right to petition your insurance company for services. If doing so, you should do it with a letter, as letters are more effective than a telephone call.
2. You will need a letter from your child's MEDICAL DOCTOR, explaining why occupational therapy is medically necessary for your child.
3. Letter should be sent to the Member Service Department of your insurance company, as well as, the person in charge of health insurance for your employer.

Medical insurance companies may initially state that they cover therapy. However, this is not a guarantee of payment and they may deny services at any time. In any case, Goodfellow Occupational Therapy will bill you for the services rendered and you are responsible for 100% of your balance upon receipt of statement.



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FEE SCHEDULE FOR CLINICAL AND CONSULTATION SERVICES

OFFICE BASED ASSESSMENT AND TREATMENT:

Therapy (all)	\$130.00 per hour *
Assessments	
Full Occupational Therapy Assessment	\$550.00 (2 hrs. includes report)
Short Occupational Therapy Assessment	\$250.00 (1 hr.+ 1 pg. + recommendations)

CANCELLATIONS/MISSED APPOINTMENTS \$60.00 without 24 hour notice

REVIEWS AND WRITTEN SUMMARIES \$130.00 per hour

CLINICAL LETTERS/IEPs \$30.00 per page

CLINICAL REPORTS \$130.00 per hour

FILLING OUT FORMS \$30 to \$100 depending on
requirements

TELEPHONE CONSULTATIONS \$130.00 per hour
(not to include initial consultation)

SPECIALIZED TREATMENTS Fees based on program

OFFSITE MEETINGS (i.e. IEPs, Legal Testimony) \$130.00 per hour
(Travel Time is Charged)

Payment is expected at the time of service unless other arrangements have been made. With "third party payers" we expect to be paid at the time of service. We submit electronic bills to primary insurance carriers as a service to our clients.

* Therapy sessions are based on 50 minutes of therapy time and 10 minutes of parent contact and record keeping.

Effective: January 1, 2009
Revised: July 1, 2017