



### **Therapy Policies Clients Seen At Off-Site Locations**

1. Most therapy visits in the school setting are 30 minutes in length in order to minimize time out of the classroom. If you would like a longer visit, please notify your therapist so that this can be arranged with the school. Your therapist will do everything possible to schedule a time that is best for your child. If you would prefer that your child not be pulled out of class, we would be happy to serve your child in our office after school.
2. If your child is absent from school, will have a field trip, etc. on the day of therapy, please notify our office at 205-978-9939. Except in cases of sickness or emergencies, we request 24 hours notice. We will make sure the therapist is aware. Your therapist may choose to give you her personal contact information, in which case you can notify the therapist directly. If the therapist drives to the school and your child is not present, you could be charged for the visit.
3. If your child is being seen in your home, please notify our office or your therapist 24 hours prior to your appointment if the child will not be available for therapy. If the therapist arrives at your home and the child is not available, you will be charged the full amount of the visit.
4. We require a credit card be kept on file in our office. Any time your card is charged, you will receive an e-mail notifying you of the charge. If you would prefer not to have your card charged, you may keep an "account" for your child. Just send a check to our office for the number of visits you would like to pay in advance. As long as there is money in your child's account, your credit card will not be charged.
5. A \$10 travel fee may be added to your therapy fee if your child is being seen in the home, at a remote school/daycare, or at a school where the therapist is traveling for only 1-2 children. Child'sPlay will notify you if the travel fee will be included in your billing. Child'sPlay may waive the travel fee depending on the distance of the location to our office and/or the therapist's home. The travel fee is an "out of pocket" expense which cannot be filed with your insurance.

I understand and agree to the above policies:

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date