INDIRECT THERAPY SERVICES

Please be advised that any extra services that are provided outside of your child’s therapy sessions will be billed at an hourly rate of $150. You will be billed directly for any of the following services: Additional report requests; parent meetings; meetings or conference calls or written communication with other professionals (school team, IEP, ABA etc.); training of home caregivers/tutors; and observations/consultations in schools. Phone calls that last longer than 10 minutes may also be billed at the above hourly rates.

Consultation with Parents in person or via phone – (child not present) $150 per hour

(Insurance excluded – this service cannot be submitted to insurance)

School Meeting or Consultation – (child not present) These appointments can be made at the discretion of the therapist (per their schedule; distance of school, etc.) Base fee is $250, which includes 60 minutes for consultation, up to 30 min drive time, and a brief summary of recommendations (if needed). If drive time is longer, additional fees may apply.

(Insurance excluded – this service cannot be submitted to insurance)

School Recommendations or Requested Additional Written Report or Communication: Written Report $150

(Insurance excluded – this service cannot be submitted to insurance)

Email Communication: We will occasionally communicate with parents via email. This is generally for scheduling purposes. It is often difficult for the therapist to respond quickly to email communications. It could take up to 48 hours for a therapist to reply.

If you email questions about your child’s treatment, please understand that typically your therapist will not be able to respond about treatment by email. They would be happy to discuss your questions at your child’s next appointment where they can make sure that the information and recommendations are clearly understood and also answer any follow up questions.

____________________________________________
Child’s

____________________________________________
Parent’s Name

__________________________________________
Parent Signature

__________________________
Date