

Welcome to Thrive! Our practice is dedicated to providing a quality occupational therapy treatment program that is personalized to the needs of each client. We are here to help you problem solve together. You will be fascinated as you understand your patterns more in depth and how to change them.

**Our Office Policies are as follows:** Please initial after each office policy

### Appointments

Appointments are typically scheduled as 45-minute sessions. Our hours are Sunday 9am-6pm, Monday through Thursday 9am-8pm and Fridays 9am-1pm. We request that you arrive promptly to each session. We schedule weekly therapy appointments at the same time each week and that time slot will remain yours for as long as necessary. Occasionally, we schedule consultation appointments every 2 to 6 weeks in lieu of a weekly appointment. This depends on the individual client and the presenting challenges. The initial two appointments are evaluative treatment sessions to establish therapy goals and a comprehensive treatment plan. At these initial sessions, the therapist will evaluate the client in four primary areas: Sensory Processing, Emotional Regulation, Level of Cognition and Development Level. The evaluation of these four areas will clarify where the presenting challenges are originating from.

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### Steps to Schedule an Appointment:

- 1-** Email [info@thethrivegroup.co](mailto:info@thethrivegroup.co) and provide your name and date of birth. You can also contact the office at **973-602-7744** to ask questions and explain your main objectives for therapy.
- 2-** The office will send you 2 emails. One will contain a link to our website [thethrivegroup.co](http://thethrivegroup.co) where you can download a Functional Listening Questionnaire (for ages 16 and older), Thrive Questionnaire, and HIPAA Form by clicking on the link “Learn More” and then “Client Forms.” These assessments help the therapist understand the functional difficulties that the client may be experiencing, and the unique underlying contributing factors to these difficulties. Complete and return the forms and questionnaires to our office. A second email will be sent from Q-Global with a link to a sensory profile. Please fill it out and submit it online.
- 3-** We will call you to schedule an appointment for an evaluation once we have received the completed questionnaires. We will do our best to schedule an appointment as quickly as we can and make your waiting time as short as possible.

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### Cancellations

We have a 48-hour cancellation policy. You will be charged for any cancellations and/or missed appointments with less than 48-hour notice. The missed appointment charge is 50% of the regular session rate. We will make exceptions for illness and family emergencies. Please call or email the office for appointment cancellations. If you reach our voice mail, please leave a message.

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### Insurance

Please note that Thrive does not accept any health insurance plans. All accounts are set up as private pay accounts. Payment is due at each therapy session and services may be discontinued if payment is not made at the time of service.

If you have out of network health insurance benefits, you can submit our receipts to your insurance company for reimbursement. We provide monthly receipts for insurance purposes which include an ICD10 code (diagnoses) and CPT codes (types of treatments used). Please instruct your insurance company to pay reimbursements directly to you.

You can also request a gap exception from your insurance company. A network gap exception is a tool health insurance companies use to compensate for gaps in their network of contracted health care providers. When your health insurer grants you a network gap exception, also known as a clinical gap exception, it's allowing you to receive care from an out-of-network provider while still paying the lower in-network cost-sharing fees.

Your insurance company may require a physician's written prescription for therapy to establish proof of medical necessity. Bring the prescription to your first appointment or request that the physician mail it to our office. Please ensure our office received the prescription prior to your first appointment. If we do not receive a prescription, your insurance company may deny reimbursement of your claims. To limit requests for updated prescriptions from your physician, we suggest you initially request the prescription be written for once a week, 45-minute sessions for up to 12 months. Our practice provides occupational therapy using a variety of approaches. Please request that your physician write the prescription specifically for occupational therapy and that he/she include the diagnosis or reason for therapy. Our receipts will use the diagnosis shown on the prescription.

Examples of diagnosis codes (ICD-10 codes) often used:

R27.9 Unspecified lack of coordination

R46.8 Other symptoms and signs involving appearance and behavior

R53.1 Weakness

F82 Developmental Motor Delay

F81.9 Developmental Disorder of scholastic skills, Unspecified.

F90.8 Attention Deficit Hyperactivity Disorder (ADHD)

R29.3 Abnormal Posture

M62.81 Muscle Weakness

R48.2 Apraxia

Q079 Congenital Malformation of Nervous System, Unspecified

H93249 Temporary auditory Threshold Shift, Unspecified Ear

R45.89 Other symptoms and signs involving emotional state

F44.6 Conversion disorder with sensory system or deficit

R29.818 Other symptoms and signs involving the nervous system

Please discuss the appropriate diagnosis for therapy with your physician when requesting the initial prescription or referral.

Most of our therapy services are billed under the following CPT codes:

97165, 97166, 97166 OT Evaluation

97530 Therapeutic Activity

97112 Therapeutic Procedure

97535 Home Management Training

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### Possible Funding Sources

Below is a list of possible funding sources if you and your family are in further need of financial assistance.

**1-** Healing the Children® New Jersey  
112 Fifth Avenue Hawthorne, NJ 07506  
Telephone: 973-949-5034  
Fax: 973-949-5036  
[www.htcnj.org](http://www.htcnj.org)

**2-** Catastrophic Illness in Children Relief Fund Commission New Jersey Department of Human Services  
PO Box 728 Trenton, NJ 08625-0728  
Telephone: 609-292-0600  
Family Information Line: 1-800-335-3863  
<http://www.nj.gov/humanservices/cicrf/text/>

**3-** Gift of Life America  
1 Kalisa Way Suite 301 Paramus, NJ 07652  
Telephone: 201-262-4142  
Fax: 201-262-2307  
Email: [Golafund@aol.com](mailto:Golafund@aol.com)  
<http://www.giftoflifeamerica.com/>

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**Once again, thank you for choosing Thrive! We look forward to working with you.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_