

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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 understand your child’s behavior, by collaborating and problem solving together.**

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

**Parent Involvement**

Our goal in treatment is to work with you, the parents or caregivers, to help the child reach his or her treatment goals. Parents often play an active role in the therapy sessions. Each session includes a measure of evaluation as the therapist observes the child’s postural and behavioral responses while interacting with the therapist, parent, and therapy equipment. After each session, the therapist will give you specific recommendations for follow-through until the next session. It has been our experience that parental involvement and follow-through greatly enhance the client’s progress and allows for continuity of care between sessions.

We therefore request that a parent or caregiver be present during each session and please arrange childcare for siblings during all therapy sessions, if possible, as it is important that you be able to give your full attention to the session.

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**Appointments**

Appointments are typically scheduled for 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 generally schedule a weekly therapy appointment for the client at the same time each week, and that time slot will remain yours for as long as necessary. Occasionally, we schedule consultation appointments for a client 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 combination of these four areas will clarify the presenting challenges. We recommend that both parents (and caregivers) attend the first evaluative treatment session.

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### Steps to Schedule an Appointment:

- 1- Email [info@thrivegroup.co](mailto:info@thrivegroup.co) and provide your name and date of birth. You can also contact the office at **973-602-7744** to ask questions and delineate your main objectives for therapy.
- 2- The office will send you 2 emails. One will contain a link to our website [thrivegroup.co](http://thrivegroup.co) where you can download a Functional Listening Questionnaire (Ages 0-15), Thrive Questionnaire, and HIPAA Form by clicking on the link “The Thrive Method” and then “Client Forms.” These assessments help the therapist understand the functional difficulties that the client may be experiencing on a daily basis, 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- Upon receiving the completed questionnaires, we will call you to schedule an evaluation. We will do our very best to schedule an appointment as quickly as we can and to make your waiting time as short as possible.

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### Parent meeting

Within 8 weeks of starting sessions, a parent meeting is set up between your child’s therapist and 1 or both parents to discuss implementation of the home program as well as progress.

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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 prior to the missed appointment. 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 get health care from an out-of-network provider while 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 follow up with us to make sure it was received and is on file at our office prior to your first appointment. If we do not timely receive a prescription, your insurance company may deny reimbursement of your claims.

We suggest you initially request the prescription be written for once a week, 45-minute sessions for up to 12 months – to limit requests for updated prescriptions from your physician. 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:

F44.6 Conversion disorder with sensory system or deficit

F46.8 Other symptoms and signs involving appearance and behavior

R53.1 Weakness

F81.9 Developmental Disorder of Scholastic Skills, Unspecified

F82 Developmental Motor Delay

F84.8 Pervasive Developmental Disorder (PDD)

F90.8 Attention Deficit Hyperactivity Disorder (ADHD)

H93249 Temporary auditory Threshold Shift, Unspecified Ear

M43.6 Torticollis

M62.81 Muscle Weakness

Q079 Congenital Malformation of Nervous System, Unspecified

R27.9 Unspecified lack of coordination

R29.3 Abnormal Posture

R29.818 Other symptoms and signs involving the nervous system

R45.89 Other symptoms and signs involving emotional state

R48.2 Apraxia

R6250 Unspecified Lack of Expected Normal Physiological Development in Childhood

R62.51 Failure to thrive (child)

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:

97530 Therapeutic Activity

97112 Therapeutic Procedure

97165, 97166, 97166 OT Evaluation

OT Re-evaluation

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