

Roc OTx Pediatric Occupational Therapy



Informed Consent for Treatment and Billing

Parent/Legal Guardian (1) Full Name*

Parent/Legal Guardian (1) Address*
Street Number, Street Name, City, State, Zip Code

Parent/Legal Guardian (1) Phone Number*

Parent/Legal Guardian (1) Email address*

Parent/Legal Guardian (1) Date of Birth*

Parent/Legal Guardian (1) Social Security Number
Needed for insurance claims if child is on adult policy

Parent/Legal Guardian (1) Employer and Work Phone number*

Parent/Legal Guardian (2) Full Name

Parent/Legal Guardian (2) Address

Parent/Legal Guardian (2) Phone Numbers

Parent/Legal Guardian (2) Email address

Parent/Legal Guardian (2) Employer and Work Phone number

Parent/Legal Guardian (2) Date of Birth

Parent/Legal Guardian (2) Social Security Number

Primary Insurance Information -Insurance Carrier, Policy Holder's Name and Policy Number*
Primary Insurance-Policy Holder's Member ID# and Relationship to patient*

Primary Insurance-Group#/Name and Effective Date of Insurance *

Secondary Insurance Information

Secondary Insurance Information -Insurance Carrier, Policy Holder's Name and Policy Number

Secondary Insurance-Policy Holder's Member ID# and Relationship to patient Secondary

Insurance-Group#/Name and Effective Date of Insurance

AUTHORIZATION:

This document is an agreement between you, your family, and the therapists at Roc OTx Pediatric Occupational Therapy. This document is giving permission for your therapist to treat your child and bill insurance. Please read it carefully and note any questions you might have so that they can be addressed prior to signing. Once you sign a copy for your child's file, it will constitute a binding agreement between you and the staff at Roc OTx Pediatric Occupational Therapy. You may revoke this agreement in writing or verbally at any time.

Clinical staff at Roc OTx Pediatric Occupational Therapy provide therapy assessment and treatment in the home and community setting. All therapists are licensed in the state of Colorado and carry liability insurance.

Professional Fees, Payment Policies, and Insurance Reimbursement:

Interested in learning more about our pediatric occupational therapy services? Contact us today for detailed pricing information and personalized service plans tailored to your child's unique needs. We're here to help you every step of the way!

Cancellations: Please allow as much time as possible if you need to cancel your child's

appointment. If your child has a fever, contagious symptoms such as coughing, sneezing, vomiting, diarrhea, please cancel your therapy session by contacting your therapist as soon as possible. Children must be symptom free for more than 48 hours prior to resuming therapy. By initialing below, you agree to the cancellation policies. For private pay clients: a \$25 no show/late cancelation fee will apply

I hereby authorize Roc OTx, to furnish information to insurance carrier concerning this treatment, and hereby irrevocably assign to the therapist all payments for therapy services rendered to me. I understand that I am financially responsible for all charges whether or not covered by insurance. I am responsible for reasonable costs and / or attorney fees incurred for the collection of this account. Our policy is payment at the time of service. I understand I have to give 24 Hour notice of cancelation of my appointment and a 2 weeks' notice for any vacations, or I may loss my appointment time and be put on a waiting list.

Initials

I have read this consent form and I am in agreement to the above stated terms.

Name

Date

Signature