THE CHILDREN'S THERAPY CENTER, INC.

Attention Parents

Upon completion of this packet,

Please mail to:
The Children's Therapy Center, Inc.
17045 El Camino Real #106
Houston, TX 77058

Or fax to:
281-480-5691

To email copies, please call for email address:
281-480-5648

***When faxing or emailing, please save original packet forms and bring to your first appointment.**

Once we have received your packet, we will then process your information and call you to go over insurance benefits and placement.

Thank you

The Children's Therapy Center, Inc.

2019 Forms

CLIENT'S NAME _____ **DATE** _____
(LAST) (FIRST) (MI)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

HM PH# _____ **WORK #** _____ **CELL #** _____

SEX _____ **DATE OF BIRTH** _____

PRIMARY CARE PHYSICIAN _____ **GROUP NAME** _____

PHONE # _____ **FAX #** _____

Father/Guardian's name _____ **Phone #**_____**Preferred Contact Y/N**

Marital Status _____ **Father/Guardian's Email** _____

Mother/Guardian's name _____**Phone #**_____**Preferred Contact Y/N**

Marital Status _____ **Mother/Guardian's Email** _____

Emergency Contact _____**Relationship** _____

Home # _____**Cell#** _____

REFERRED BY _____**PHONE#** _____

PRIMARY INSURANCE INFORMATION

POLICY HOLDER'S NAME _____**SEX (Policy Holder)** _____

Employer (Insured) _____

DOB (Policy Holder) _____ **Relationship to insured** _____

POLICY HOLDER'S ID# _____

PRIMARY INS. CO. _____**PHONE #** _____

GROUP # _____ **HMO** _____ **PPO** _____ **POS** _____

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO *THE CHILDREN'S THERAPY CENTER, INC.*
I AUTHORIZE MEDICAL NOTES TO BE SENT TO INSURANCE WHEN REQUESTED

_____ _____

(SIGNATURE OF PARENT/GUARDIAN) **(DATE)**

Revised 12/14/18

The Children's Therapy Center, Inc.

2019 Forms

Dear Parents,

Thank you for inquiring about *The Children's Therapy Center, Inc.* Enclosed you will find information about the therapies provided at our clinic, a questionnaire to be filled out regarding your child, an insurance form, cancellation policy and a brief note suggesting clothing appropriate for evaluation and to be worn during treatment.

Check out our website at www.TCTCI.com.

For the cost of evaluations and treatment please call the office. Evaluation times may vary depending on the client's needs.

Treatment sessions: Speech Therapy sessions range from 30-60 minutes. Occupational Therapy sessions range from 50-60 minutes. Both therapies can be 1-2 times weekly. Occupational Therapy can also be done as an intensive therapy. Price of therapies depends on length of time, insurance or self-pay.

We require full payment at the time of service, unless we are a network provider for your insurance company, in which case your co-payment, co-insurance and deductibles are due at time of treatment. Your insurance contract is between you and your insurance company, and you are fully responsible to us for the total amount of the fee should your insurance company fail to pay. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. We will call and verify your benefits; quoted benefits are not a guarantee of payment. The disclosure from the insurance company is that there is no guarantee of payment until the claim is filed. If we are not in network with your insurance company *The Children's Therapy Center, Inc.* is willing to file your insurance claims for a small office fee.

You will get a complimentary copy of each evaluation, if you need more copies there will be a fee.

Your insurance company may require a prescription from your physician referring your child to *The Children's Therapy Center, Inc.* for evaluation and therapy.

If you want *The Children's Therapy Center, Inc.* to file your insurance claims, bring your insurance card and the prescription from your physician with you to the evaluation.

Sincerely,

Dr. Susan Zapf, PhD, OTR, BCP, ATP
Dr. Susan Zapf, Ph.D., OTR, BCP, ATP
Director of Occupational/Physical Therapies

Kim Stocker, MA, CCC-SLP
Kim Stocker, M.A., CCC-SLP
Director of Speech-Language Pathology

_____
Parent/Guardian Signature Date

_____
Child's name

Revised 12/17/18

The Children's Therapy Center, Inc.

CANCELLATION POLICY: 2019

Consistency in weekly therapy sessions is crucial to your child's progress towards their treatment goals; therefore, we strive to provide your child's weekly scheduled therapy sessions at their designated time. For our part, we will work to reschedule missed appointments and provide substitute coverage by other trained therapists at our clinic when your therapist must cancel. We do not overbook our sessions, as we focus on providing quality therapy to each child, we treat along with providing therapy in a timely manner.

____ We ask that you consider your part in this treatment partnership for your child. If you must cancel a session, we require a 24-hour notice so that your therapist can adjust their schedule and offer the opening to another child that may need therapy that week. A full session fee will be charged for missed appointments unless we have 24 hours notice. **Insurance will not pay for missed appointments**. If your history of attendance has been good, we will take extenuating circumstances into consideration.

____ When your therapist will be out and has a sub for your regular session time TCTCI expects your child to attend the therapy session. We want your child to continue the therapy we have recommended.

____ If you are over 15 minutes late to your appointment or need to leave 15 minutes early, you will be charged for the time you missed. With the changes in healthcare and specific time constraints on billable units, we cannot charge insurance companies for the time you miss. We also ask that if you leave the clinic during your child's treatment that you return at least 5 minutes prior to the end of your child's session so the therapist can discuss the treatment session and any recommendations for home program.

____ Planned absences or lapses in insurance coverage of more than three weeks (or more than two weeks for patients seen every other week) may result in loss of your appointment time. Missed sessions accounting for more than 15% of your scheduled sessions may also result in a loss of your appointment time. We will work to keep your time but this cannot be guaranteed. We usually have a waiting list of children who need to be seen.

We consider our relationship with you a partnership. We pride ourselves on our family friendly attitude and on providing high quality therapy. We promise to keep up our part of the relationship and hope you will do the same.

Dr. Susan Zapf PhD OTR, BCP, ATP
Dr. Susan Zapf, Ph.D., OTR, BCP, ATP
Director of Occupational/Physical Therapies

Kim Stocker, MA, CCC-SLP
Kim Stocker, M.A., CCC-SLP
Director of Speech-Language Pathology

_____ _____
Parent/Guardian Signature Date

_____
Child's name

The Children's Therapy Center, Inc.

2019 Forms

Dear Parents,

It is important that you understand that the type of therapy applied at *The Children's Therapy Center, Inc.* is hands on therapy and that the removal of some clothing might occur. This may occur for a variety of reasons including visibility of specific muscles or for tactile input. Often a therapist will apply hands to muscles or muscle groups to facilitate activity in these muscles or to support weak muscles.

For the evaluations please have your child dressed in clothing that will allow the therapist to visualize muscle groups. The removal of shirt, shoes and sock is optimal but difficult for some children. Shorts and a tank top might be a good alternative.

If the removal of clothing or touch by therapists is unacceptable to you please make that known at your first visit.

It is a good idea to wear washable clothing during treatment. This is due to the possibility of working with paints, shaving cream, etc…and clothes may become soiled.

If you understand the necessity of touch and occasional removal of parts of clothing and agree that this is permissible, please sign and return.

Thank you,

Dr. Susan Zapf, Ph.D., OTR, BCP, ATP
Director of Occupational/Physical Therapies

Kim Stocker, M.A., CCC-SLP
Director of Speech-Language Pathology

_____
Parent/Guardian Signature Date

_____
Child's name