



CHILDREN'S THERAPY SERVICES

9520 Padgett Street, Suite 104 • San Diego, CA • 92126 Phone: 858.866.8133 • Fax: 858.999.2002

CLINICAL SERVICES AGREEMENT

PAYMENT OPTIONS: Blast Off Children's Therapy Services, Inc. is an in-network provider for Health Net Federal Services (HNFS) / TRICARE and is a San Diego Regional Center (SDRC) Vendor. Blast Off also accepts private pay. Payments can be made by cash, credit card, or check made out to "Blast off Children's Therapy Services". If you are a private pay client you will receive an invoice at the end of the month. All copays, deductibles, and insurance cost share payments will also be collected at the end of the month. When payment is received, you will be given a receipt to verify your payment. There will be a \$25 charge for any checks returned to us by the bank.

Blast Off Children's Therapy Services, Inc. has agreed to accept the allowable or contracted amount from HNFS and SDRC as payment in full.

SESSIONS: 60 minutes will be allocated for an evaluation. Please bring all of the intake paperwork with you to your evaluation. Also, please arrive 10-15 minutes early in case additional paperwork is required. This is important in order for the session to run smoothly. A comprehensive written evaluation report will be given to you in person or mailed at your request within approximately two weeks of the evaluation.

Length of treatment sessions varies depending upon the recommendation of the clinician. A clinical half hour session includes 25 minutes of direct therapy / 5 minutes of consultation/paperwork. A clinical hour session includes 50 minutes of direct therapy / 10 minutes of consultation/paperwork.

Conferencing time is included at the end of each scheduled treatment time. By the nature of the practice, there may be times in which confidential information may be discussed in the waiting room or other location where other people may be in the near vicinity. If you do not wish to discuss therapy or other confidential information in the waiting room or other public setting, you may request that the discussion be moved to a private location, such as therapy room or office, and that request will be granted.

ATTENDANCE: Regular attendance is expected and important to the therapeutic process.

- Each scheduled appointment time is **reserved especially for you.**
- If you need to cancel, please inform us **24 hours in advance.**
- We understand that emergencies occur. If you or your child has an emergency situation or becomes sick and you cannot call within 24 hours, please call by 8:00 A.M. the day of the appointment. This will not be considered a late cancel.
- **Insurance companies do not pay for missed appointments. Clients may be billed \$45 for each late cancellation or no show.**
- **No show and late cancellation fees must be paid in full prior to the client receiving further therapy services.**
- **If there are chronically missed appointments or two consecutive late cancellations or no shows, we will unfortunately have to cancel the standing appointment time. You will be placed on an “on call” list and may call on a weekly basis to resume therapy.**
- Clients arriving over 10 minutes late for a clinical half hour session or 15 minutes late for a clinical hour session may not be able to be seen. This will be considered a missed appointment and the \$45 late cancel/no show fee may be charged.
- If the parent cancels an appointment within 24 hours, every attempt will be made to reschedule the missed appointment by the treating therapist. If you do not want to schedule a make-up there is NO PENALTY for this.
- If the family is going on vacation for MORE THAN 2 WEEKS, a child’s standing appointment time is NOT guaranteed and there may not be any make-ups scheduled.
- If the therapist has to cancel due to vacation or illness and you want a make-up appointment, EVERY attempt will be made to schedule one.
- If you have to cancel a make-up appointment, there may not be an opportunity to schedule another make-up for that missed appointment.

The undersigned agrees to follow the above policies:

Parent / Guardian / Responsible Party Signature

Date

Printed name

Updated: 1/9/18