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## OVERVIEW OF POLICIES

Welcome to Abilities Therapy Network! Our mission is to provide children and adults with the comprehensive and individualized tools necessary to reach their highest potential to become functional and successful members of their family, classroom, workplace and community. Our team offers Occupational Therapy, Speech Language Therapy, Physical Therapy, Psychological Therapy and Feeding Therapy. We also offer a Therapy Workshop Program where groups of children join together for multisensory, developmental fun! The following policies and expectations pertain to all services provided here. **When you agree to the terms of this document, it will represent an agreement between our therapists and you.** Please let us know if you have any questions or concerns regarding the items below. We look forward to serving your family's therapy needs. Thank you again for your continued trust in meeting the therapy goals we have set together with your family.

### **Purchase Policy for Individual Sessions**

#### Billing Arrangements

- Unless agreed otherwise, invoices are provided at the end of each session.
- Payment for services may be made by check, cash or credit card. Checks should be made payable to Abilities Therapy Network. A \$25.00 service fee will be charged for returned checks.
- All patients must complete the attached *Credit Card Authorization Form*. Charges will only be made if payment of services rendered is not received within 60 days of the initial invoice.
- In the event of default of any amount due, the patient is responsible for payment of all collection costs.

#### Payment Schedule

- Payment for all individual sessions is due in full at the time that services are rendered, with the exception of workshops, where payment is due in advance.
- If additional time is needed, payment must be paid within 10 days of invoice date to avoid late fee.
- For payments received after 10 days of invoice, a \$30 late fee will be charged to the credit card on file.
- For each session, patients have an auto-pay or self-pay option.

#### Fee Schedule:

- **Occupational Therapy, Speech/Language Therapy and Feeding Therapy** sessions are billed at \$160 for a 60 minute session and \$120 for a 45 min session. Initial evaluations with testing and report with follow-up are \$480. If reports are not needed, the evaluation is priced at \$240.
- **Physical Therapy** sessions are billed at \$200 for a 60 minute session. Initial evaluations with testing and report with follow-up are \$480. If reports are not needed, the evaluation is priced at \$240.
- **Psychological Therapy** sessions are billed at \$175 for a 45-minute session and \$200 for a 60 minute session. Initial evaluations vary on a case by case basis.



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### **Insurance**

- We are considered 'Out of Network' providers. We are not 'In Network' with any insurance companies at this time. Payment for services rendered will be billed directly to the patient and it will be the patient's responsibility to pay Abilities Therapy Network directly for these services. It is also the patient's responsibility to submit his/her invoices to his/her insurance provider for his/her own reimbursement. All patients will be provided with relevant documentation with treatment codes to submit to his/her insurance provider for potential reimbursement for our 'out-of-network' services. If a patient has questions regarding reimbursement, he/she can schedule a time to discuss this and support will be provided, as a courtesy, to the best of our ability.
- Prior to beginning treatment, please check with your insurance company regarding reimbursement, as each insurance company has a different policy for 'out-of-network' providers.

### **Confidentiality**

- Abilities Therapy Network is a HIPAA compliant facility. All patients must review and sign the attached Privacy Policy.
- All patient information will be kept confidential in a secure location away from public access.
- All evaluation reports, progress reports and therapy-related information will be sent to outside sources (i.e., doctor's offices, insurance providers) in a private manner, if applicable.
- In the event that it is necessary to share private information with other outside sources, written approval will be obtained.

### **Documentation**

- If an evaluation is performed, an evaluation report will be provided within two weeks of evaluation date.
- Therapy goals will be established following an initial evaluation or an initial screening session.
- Progress toward patient goals will be communicated with parents/guardians/caregivers at the time of the session. Any additional report of progress may also be provided by request.

### **Additional Services**

- Availability for conferences and phone calls with school officials, teachers, psychiatrists, medical doctors, other therapists, insurance representatives and other professionals regarding the patient can be made as needed in connection with the treatment and/or evaluation of the patient.
- A charge of \$80 per 30 minutes will be applied for team related calls and conferences. This is an indirect service that can not be submitted to insurance providers for reimbursement.



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### Cancellations

#### Individual Sessions:

- Once an individual session is scheduled, you are responsible for payment in full unless **twenty-four (24) hours of advance notice of cancellation is given**. Complying with this prevents you from being charged for your missed session and leaves an option for rescheduling the session.
- Cancellations must be made via phone to your therapist's cell phone (voice or text only). You will be provided with therapists' cell phone numbers upon beginning treatment, for scheduling purposes only.
- Exceptions to this policy will be made for emergencies only, on a case-by-case basis.

#### Workshops:

- Payment of the 6-Week Workshop Pack is due upon the time of sign up. Because it is a package, you will be charged for all six sessions at once, and your child is expected to attend all six workshops. At the end of the 6-week workshop, you can speak to the therapist about progress and sign up for another cycle of the workshop if you choose.
- Payment for services may be made by check, cash or credit card. Checks should be made payable to Abilities Therapy Network. A \$25.00 service fee will be charged for returned checks.
- **Refunds are not available**; however, if your child misses any of the workshops due to illness and you would like to schedule a makeup, please contact us: Make-ups will be available on a case-by-case basis.
- **Workshop services will NOT be eligible for submission to your insurance provider.**

#### Camps:

- Payment of the 4-Week Camp Pack is due upon the time of sign up. Because it is a package, you will be charged for all four weeks at once, and your child is expected to attend all four weeks.
- Payment for services may be made by check, cash or credit card. Checks should be made payable to Abilities Therapy Network. A \$25.00 service fee will be charged for returned checks.
- **Refunds are not available.**
- **Camp services will NOT be eligible for submission to your insurance provider.**

*I have read and agree to the preceding description of office policies. I have been provided the opportunity to discuss any concerns or questions that I might have. I understand my rights/responsibilities as outlined above.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_