

Service Agreement for Occupational Therapy Services

Child's Name	
Parent's Name	
Phone	
Email	
School/Teacher	

Welcome to Occupational Therapy Helping Children. We look forward to working with you, your child and other team members to help your child meet their goals. This service agreement provides you with a summary of our fees and essential information that will assist us to provide the best possible care for your child.

Fees

The most common fees of Occupational Therapy Helping Children is as follows :

Therapy session 45 mins	\$146.00
Therapy session 60 mins	\$194.00
Consultation with parents (per hour)	\$194.00
School attendance (per hour)	\$194.00
Report writing (per hour)	\$194.00
Therapy Assistant (per hour)	\$ 86.80
Travel (50% of hourly rate)	

I confirm that I understand and agree to the following :

- I am responsible for payment of my account at the conclusion of each therapy session. This will be via credit card stored in our practice management system.
- If payments become in arrears of over 2 sessions and I have not come to an alternative arrangement with Occupational Therapy Helping Children, I understand that my child's therapy will be ceased.
- To be present for the first 5 minutes and last 5 minutes of my child's therapy session, unless otherwise advised/agreed.

- I am aware of the cancelation policy that I need to notify my child's therapist by sms prior to 3.00 pm on the day prior to therapy in order to avoid the full fee being charged. Failure to attend will also incur the full fee being charged.

NDIS Funding

Are you receiving NDIS funding for your child?

- Yes
 No

If yes, what is the date your plan will be reviewed by _____

How are you managing your NDIS funding :

- Agency Managed
 Plan Managed
 Self-Managed
 Other

Consent

Please tick the boxes you consent to below :

- I provide consent for OTHC to work with my child and store relevant information.
- I provide consent for OTHC to communicate electronically, verbally and in writing with all members of my child therapy and education team.
- I provide consent for OTHC to take photos or video during therapy sessions that assist in the teaching of my child. This material will be forwarded to only to me, and deleted by the therapist at the end of the session. No photos or video will be shared in the public domain without my prior consent.

I accept the terms of this service agreement.

Parent Name: _____

Signature: _____

Date : _____

Please return to hello@occupationaltherapy.com.au