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Patient Registration Form

Patient name _____ **Date** _____

Gender M F **Age** _____ **Date of birth** _____

Mother's name _____ **Home phone #** _____

Address _____

City _____ **State** _____ **Zip** _____

Mother's employer _____

Work phone _____ **Cell phone** _____

Email address _____

Father's name _____ **Home phone #** _____

Address _____

City _____ **State** _____ **Zip** _____

Father's employer _____

Work phone _____ **Cell phone** _____

Email address _____

Pediatrician _____ **Phone** _____

I have discussed my concerns with my pediatrician: Yes No

Whom may we thank for referring you to us? _____

***In the event we need to reach you to change or cancel your appointment, what is your one preferred method of contact?**

Phone # OR Email address _____

Name of contact person _____ **Relation to client** _____

Would you like to receive a copy of a monthly summarized Superbill? Yes No

Developmental History

Name of Parent/Caregiver completing questionnaire: _____

Today's Date: _____ Relation to child: _____

Child's Name: _____ DOB: _____ Age: _____

Mother's name: _____ Father's name: _____

Prenatal History: Please describe the pregnancy _____

Birth: Weight _____ Height _____ Pregnancy Duration _____

Type of Delivery _____ Complications at birth _____

Treatment received by mother or baby _____

Postnatal History: Please list and describe any important injuries or illnesses, including ear and chest infections and at what ages they occurred. _____

How many ear infections? _____ Describe treatment: _____

Milestones: At what age did your child... (Check here if normal development _____)

Turn head side to side _____ Sit alone _____

Lift head while lying on tummy _____ Crawl/creep _____

Roll over _____ Pull to standing _____ Walk with support _____

Walk alone _____ Climb stairs _____

Walk down stairs _____ Swallow _____ Chew _____

Drink from cup _____ Feed self with spoon _____

Babble _____ Say words _____ Speak in phrases _____

Speak in sentences _____ Play with Children _____

Have you noticed any differences compared to your other children? _____

Do you have any family/living problems which you think might affect your child's development or therapy? _____

What does this child enjoy? _____

What does this child dislike? _____

What do you enjoy doing with this child? _____



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Developmental History Continued:

What would you like us to help you and your child do? _____

Has your child received speech/language, occupational therapy, or any other therapy or special programs in the past (or currently)?

Type of Therapy	Early Intervention/School District	Dates
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Type of Therapy	Name of Clinic/Location	Dates
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Type of Therapy	Name of Clinic/Location	Dates
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Please indicate with a plus (+) the items which you feel are strengths in this child and please use a minus (-) to identify those factors which you feel are weaknesses in this child:

- | | | | |
|---|----------------------------------|--------------------------|----------------|
| _____ Response to smells | _____ Response to other children | | |
| _____ Response to tastes | _____ Response to visual stimuli | | |
| _____ Response to sounds | _____ Speaking | | |
| _____ Response to touch | _____ Communicating with peers | | |
| _____ Response to movement | _____ Communicating with family | | |
| _____ Response to eating | _____ Imagination | | |
| _____ Listening | _____ Doing puzzles | | |
| _____ Following directions | _____ Drawing | | |
| _____ Gross-motor coordination | _____ Fine-hand coordination | | |
| _____ Attention span | _____ General activity level | | |
| _____ Self-feeding | _____ Toileting | _____ Dressing | _____ Grooming |
| _____ Social Skills | _____ Motivation | _____ Response to Family | |
| _____ Ability to manage physical/motor requirements of play/school activities | | | |
| _____ Ability to manage thinking requirements of play/school activities | | | |

Does your child use glasses, hearing aid, braces, wheelchair, or other special equipment? Please list/describe _____

Are there any allergies, seizures, or other medical problems we should know about? Please list/describe _____

Is there anything else you would like us to know at this time that you feel can help us provide better services for your child



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FINANCIAL POLICY

Unless other arrangements are made, professional services are due and payable when rendered.

CANCELLATIONS

24-hour notice of cancellation is required for all appointments. Late cancellations are charged at 50% of fee. "No Shows" are charged at 100% of fee. Please call our office and leave changes or cancellations with our receptionist, or after hours, in our general voice mailbox available 24 hours.

Clients are dropped after two "no shows". Client's attendance rate, when less than 50% of the scheduled visits, will be dropped from the schedule.

ADDITIONAL PROFESSIONAL FEES

Please realize your child's therapy program involves therapist time and services in addition to the actual therapy session. It is therefore necessary for us to bill these additional services such as "IEP" meetings, parent conferences, reports and preparation of additional paperwork for medical review. It is your responsibility to review the Fee Schedule, which details these charges.

We provide superbills you may submit to your insurance company. We do not bill insurance companies, but will provide them with necessary information. Some policies cover therapy and some do not. Payment is ultimately the responsibility of the parent requesting services.

I agree to the stated financial policies and assume full responsibility for payment.

Parent Signature: _____

GENERAL POLICIES FOR HEALTH AND SAFETY

Pediatric Therapy Services does not discriminate based on race, religion, sex or political beliefs.

Harassment of clients, parents, therapists and staff is not tolerated. Any incident is to be reported to the treating therapist or Director of Services.

In the event of an emergency requiring building evacuation, follow the procedure posted in the waiting room. You must exit the building immediately. The therapist working with your child will be responsible for escorting him/her to safety outside the building. Please do not walk from the waiting room toward the therapy rooms or hallways. This will impede the flow of traffic necessary to evacuate the building safely.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE POLICIES.

Parent Signature: _____ Patient name: _____

Date : _____



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FEE SCHEDULE AS OF August 4, 2014

OUR FEES ARE DUE AND PAYABLE AT THE TIME OF SERVICE.
WE DO NOT BILL INSURANCE COMPANIES DIRECTLY, BUT WILL ASSIST YOU IN RECEIVING REIMBURSEMENT FROM YOUR CARRIER.

All fees for individual therapy (both Speech and Occupational Therapy) are based on an hourly rate of \$140.00. We endeavor to keep our fees affordable, so we ask your help in paying for your services promptly.

Speech Therapy

30 minutes	\$70.00
45 minutes	\$105.00
60 minutes	\$140.00

Occupational Therapy

30 minutes	\$70.00
45 minutes	\$105.00
60 minutes	\$140.00

Co-treat for individuals is charged by time for each therapist (1 hr x 2 therapists = 2 hrs)

Group therapy for Speech, OT, or combination are as follows:

Pair/30 minutes	\$60.00		
Pair/45 minutes	\$90.00	45 minutes/3 or more	\$60.00
Pair/60 minutes	\$110.00	60 minutes/3 or more	\$90.00
Mini group, 1.5 hr.	\$120.00	OT/ST group, 2.0 hr.	\$140.00

Additional fees:

Speech/Language screening	\$150.00		
Occupational Therapy screening	\$150.00		
<i>Both Speech/Language and Occupational Screening</i>			<i>\$280.00</i>

Home Visits

Time charged for therapy plus travel time

Participation in IEPs

Time charged for meeting plus travel time

Written reports & Test Interpretation

Billed for time spent

Formal Evaluations

Testing administration, scoring & reports billed at hourly rate

Conferences (in-clinic conferences and phone conferences)

Billable in 15-minute increments of \$35.00

Other special fees available upon request



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To Our New Clients:

In order to keep our fees as low as possible, we are a *fee for service* clinic.

We ask that you pay us directly and seek reimbursement from your insurance.

We encourage you to make an initial contact with your insurance company using the “Questions to ask your insurance carrier” information sheet.

If you intend to bill your insurance, please let us know. We can provide you with the necessary forms and information, including Superbills, with appropriate diagnostic and treatment codes.



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2577 Samaritan Drive, Suite 715
San Jose, CA 95124
Tel: (408) 358-8330
Fax: (408) 904-7178

What You Can Expect From Your Screening Appointment

- You and your child will participate in a 45-60 minute play-based session
- The session will include a series of informal assessments which will provide the therapist with a “snapshot” of your child at this time
- You will have the opportunity to share your observations, insights and concerns; the therapist will explain what he/she has observed and how it relates to your concerns
- The therapist will discuss areas of concern and how they could be addressed through therapy
- You will have the opportunity to ask questions and get clarification of the therapist’s observations
- You may receive material to read that relates to your child’s needs, and/or referrals to appropriate professionals and agencies. The therapist may give you additional paperwork to complete
- The therapist will explain several treatment options for your child, if appropriate, which may include: formal standardized testing, a home program, or group, paired or individual treatment
- Your screening therapist will provide a Screening Report form which is a one-page written summary of your screening appointment. Any additional write-up will be charged at our hourly rate of \$132.00. Extended follow-up conversations will also be billed at our hourly rate
- Once treatment begins, your therapist will begin to work with you to develop a treatment plan for your child. At this time they will be able to recommend exercises or a home program if indicated.

We look forward to working with you and your child!



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Pediatric Therapy Services' Philosophy

Pediatric Therapy Services is currently a practice of **speech-language therapists** and **occupational therapists** all committed to an integrated team approach to healthy development in children. The foundations for this program began at the request of local pediatricians in 1985 as a pilot program for Los Gatos Community Hospital Rehabilitation Center. Christie Bacon, now our Director of Services, was hired to help develop the program within the speech-language department. Although the program grew and thrived, it was discontinued in 1989 due to the expansion of the adult rehab department. Dedicated to continuing the integration of speech/language and occupational therapies, Christie developed Pediatric Therapy Services in conjunction with her pediatric team in temporary office quarters at her home for 9 months. Since then, the team has steadily expanded in size and scope. Each therapist on staff has individual areas of expertise, enabling us to serve a broad based population of children. Pediatric Therapy Services has ties to the medical community as well as local school districts, allowing us to work closely with other professionals in order to best serve the needs of a child.

Pediatric Therapy Services' mission is to use the combined creative talents and energies of occupational and speech/language therapists to address each child's unique set of needs. Our team believes in building up weak areas by working through a child's strengths; making therapy fun. The following statements highlight our philosophy:

THERAPY IS A FUN PLACE TO BE. If therapy is fun, the child is involved and motivated; more progress is achieved and everyone views therapy as a positive process.

PARENTS AND CAREGIVERS ARE ACTIVE PARTICIPANTS. As such, they often observe or participate in the therapy session. Parent education and training are essential in order to maximize a child's progress. They are with the child all day, every day. When they utilize the same techniques we do, the child receives constant therapy and we find improved progress and carryover of skills.

PTS IS AN INTEGRATED TEAM EFFORT. The team includes anyone involved with the child (parents, nannies, extended family, teachers, physicians, psychologists, etc). Of particular significance is the unique approach PTS brings to the field of pediatrics, by combining speech-language therapy and occupational therapy into one practice. Many of our clients require both services, although the initial referral may be for one discipline. Children with significant articulation and/or language delays, for example, often exhibit deficits in sensory integration. When occupational therapy addresses these difficulties, speech therapy gains from the effects and more rapid progress is achieved.



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How to Observe Your Child's Therapy Session

We welcome and encourage your involvement in your child's therapy program. Your child's therapist is likely to ask for your observations as well as provide you with activities to do at home. When you are in the therapy room please remember the following guidelines:

- Siblings are generally not allowed in the room during therapy, as they can be distracting and create a safety concern. If you are observing your child's therapy session, please try to make arrangements for your other children.
- We encourage an interactive relationship between the parents and therapist. With some children, it is possible for the adults to talk intermittently throughout the session. For other children, this is very distracting and we save the last 10 minutes of the session for exchanging information.
- If you need additional time to discuss questions, concerns, or share information, please schedule a 15, 30, 45 or 60 minute conference appointment with your therapist(s).
- While observing therapy, try to be a "fly on the wall." During the session, there will be many times when you are tempted to react to what your child is doing or saying. It is important that you refrain from laughing, commenting, or prompting your child. This can be distracting to your child or may be counterproductive to the therapist's agenda at that time. Please remember to not answer for your child.
- The therapist will set limits and provide reinforcement appropriate to the therapy setting. Unless the therapist's rules and limits significantly conflict with those you set at home, please allow the therapist the "upper hand" during the session. It is important for your child to develop a relationship with the therapist.
- We do not allow video taping of our sessions for outside use.
- Exception to the above will be made individually and based on the needs of the child.



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What is Speech-Language Therapy?

A Speech-Language Pathologist treats children who have difficulty producing or understanding communication. Many parents wonder whether their child is actually having speech-language difficulties, or if they are just slow to develop. Many factors go into making this determination, but an experienced Speech-Language Pathologist can help answer these questions.

There are a variety of skills necessary for communication. Speech (vocalizations) and gestures are the most common forms of expression. A child who has difficulty saying some sounds or uses minimal vocalizations may be an appropriate candidate for speech-language therapy. Stuttering and voice disorders may also impair a child's ability to communicate. Some children have difficulty understanding language. Common examples include the child who doesn't follow directions well or the child who can't pay attention in a noisy environment. Other children may appear to be listening but can't make sense of what they are hearing.

The Speech-Language Pathologist's job involves all areas of communication and the skills that relate to it. In many instances a child experiencing difficulty swallowing, chewing, or managing secretions will also have difficulty with speech. Feeding difficulties are also in the realm of the Speech-Language Pathologist, or Occupational Therapist, as they relate to the use of oral musculature. The ability to communicate clearly and effectively is an important part of daily life, and the child who cannot do so becomes understandably frustrated.

Speech-Language Therapy Terms

BASIC TERMS

SPEECH refers to vocal communication, using sounds in combination, to communicate an intended meaning. Speech is comprised of three areas: articulation, voice, and fluency.

- 1) **ARTICULATION** refers to the actual sound production and intelligibility. It focuses on how and where the sounds are produced.
- 2) **VOICE** refers to the pitch, quality (i.e. hoarseness, nasality), and volume which are produced in the larynx.
- 3) **FLUENCY** refers to the smooth flow of speech. Dysfluent speech is also called stuttering.

LANGUAGE refers to all forms of communication, such as speech, gestures, sign language, picture systems, or facilitated communication. Language looks at both receptive and expressive language

* **RECEPTIVE LANGUAGE** refers to the understanding of what is communicated. This relates to understanding vocabulary, following directions, comprehending a story, etc.

* **EXPRESSIVE LANGUAGE** refers to using a form of communication to convey a message. It relates to vocabulary, word order, sentence length, etc.

ADDITIONAL TERMS

APRAXIA OF SPEECH refers to difficulty with motor planning for volitional speech movements.

AUDITORY PROCESSING refers to difficulty recognizing, remembering, and comprehending auditory information in the presence of normal hearing. It is most often exhibited by children with an early history of chronic ear infections.

DYSARTHRIA refers to weakness of the oral musculature.

PARALLEL PROCESSING refers to the ability to move and comprehend language or move and use language simultaneously. Either fine or gross motor activity may interfere with language abilities, especially in children who are distractible or have sensory integration difficulties.



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What is Occupational Therapy?

An occupational therapist treats children who have motor development or sensory processing difficulties. Observable characteristics include: an over or underabundance of movement, over or underresponsiveness to being moved, inappropriate responses to touch, hesitancy to try new motor tasks (i.e. roller skates, bike riding), and difficulty with visual perception.

The nervous system, which regulates the body's senses and motor actions exhibits plasticity, which means it *can* be changed. The brain may be unable to send clear messages to the muscles in order to direct a desired movement, such as jumping or cutting with scissors. Or, the muscles themselves may be unable to perform the task due to weakness or low tone. The OT helps the brain and body learn to develop more normally by directing sensory input, providing the controlled input as needed, so that the motor output facilitates age-appropriate motor skills. The OT also helps the child to develop adaptive responses to his environment.

School-age children requiring OT may have difficulty attending or sitting still, keeping up with writing skills in class, or participating in sports activities. These children are given strategies to help them immediately compensate for weak areas, while intervention simultaneously works on the underlying skills causing the difficulty.



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Occupational Therapy Terms

ADAPTIVE RESPONSE refers to the ability to adjust the natural and social demands of the environment. Development of sensorimotor, communication, self-help, and socialization skills are all results of adaptive behavior in early childhood.

FINE MOTOR refers to the coordinated movement of small muscle groups (as in fingers, eyes, tongue, lips) required for discrete, spatially oriented tasks.

GROSS MOTOR refers to the coordinated movement of large muscle groups (as in arms and legs) required for activities such as walking, balance, kicking, etc.

MOTOR PLANNING refers to the ability of the brain to conceive of, organize, and carry out a sequence of unfamiliar motor actions

KINESTHETIC / PROPRIOCEPTIVE SYSTEM refers to the sensory data from muscles, joints, and tendons that the brain then uses to plan motor actions (*Note: Speech is monitored through the auditory and proprioceptive feedback.*)

SENSORY INTEGRATION or **SENSORIMOTOR** refers to the combined functioning of sensory and motor systems. Sensory perception helps lead the motor act which, in turn, provides additional feedback to the sensory system to further refine the motor act.

TACTILE SYSTEM refers to the sensory data received through touch/contact

VESTIBULAR SYSTEM refers to sensory data from the inner ear relating to balance and posture



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Questions To Ask Your Insurance Company

Be sure to take notes, and get the name and extension of the person with whom you speak!

Are Speech and/or Occupational therapy covered under my plan?

It has been recommended that my child receive Speech and/or Occupational therapy. What is needed to begin services?

Depending on the insurance company, they may request:

- Physician Prescription
- Copy of screening report
- Letter of Prior Authorization
- Letter of Medical Necessity
- Treatment Plan

We will be happy to provide you with the requested information. If a report is required above and beyond the one page screening report you received, there will be a charge for the therapist's time.

I have been referred to Pediatric Therapy Services (Tax ID #77-0265417), which is out of network. What are the plan guidelines for out of network providers? Is there an exception process which would allow my child to be seen there at the in-network level?

The provisional diagnosis codes given at the conclusion of the screening are:

The recommended CPT (procedure) code(s) are:

We provide Superbills you may submit to your insurance company. As stated in our financial policy, payment is ultimately the responsibility of the parent requesting services.

Let us know if you have any further questions.