



1045 Whipple Street
Prescott, Arizona 86305
(928) 777-9897
Fax (928) 717-0019
Office@kidabilitiestherapy.com

Welcome to Kidabilities Therapy

We appreciate the opportunity to work with your family. Please read through and complete all paperwork before your initial appointment. We ask that siblings not attend evaluations, unless necessary, due to the length of the appointment and so as not to distract from any testing that may need to be administered.

Please use the checklist below to ensure that all necessary paperwork have been completed and reviewed. After completion of this packet, please sign below and return to Kidabilities.

Thank you for choosing Kidabilities. We look forward to working with you and your family.

This packet includes the following:

- ✓ General info, school info, permissions (page 2)
- ✓ Allergy info, video and picture release, consent for release/receive medical info (page 3)
- ✓ **Notice of Privacy Policies and Practices Page 5-7**
- ✓ Attendance policy & drop off/pick up policy **for your records**
- ✓ Parent attendance, sick policy, financial policy, reporting and non-subpoena clause. **for your records**

My signature below is confirmation that I have read and received all necessary paperwork and I agree to all terms and conditions. I have informed Kidabilities of all necessary information regarding my child’s health and give permission to the therapists at Kidabilities to treat my child at their discretion.

I have provided Kidabilities with my insurance information and acknowledge that I am financially responsible for all charges not paid by insurance. This also authorizes Kidabilities to release all information necessary to secure payment of the benefits.

Child’s Name

Parent/Guardian Signature

Date

I have received and understand Kidabilities Notice of Privacy Policies and Practices.

Parent/Guardian Signature

Date



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General Information **PLEASE PRINT**

Child's Name: _____ Date of Birth: _____

Address: _____ City & Zip: _____

Parent/Guardian Names: _____

Cell Phone: Mom: _____ Dad: _____

Work Phone: Mom: _____ Dad: _____

Home Phone: _____ email address: _____

Emergency Contact & Relationship: _____ phone: _____

How did you hear about us? _____

School Information

Current Grade: _____ Academic Concerns: _____

Does your child receive school-based services? YES NO

If so, please provide type and frequency: _____

Permissions

If your child needs to use the bathroom and you are not present, your therapist will assist him/her as needed with your permission. Please circle your preference below.

As the parent/guardian of _____, **I, DO or DO NOT** give my permission for the therapist to assist my child in the bathroom as needed.

A reminder for your appointment can be sent via text or email. Please let us know which you prefer by giving us the cell phone number or email to receive reminders: _____

If someone other than the above listed parents, guardians, or emergency contact will be picking up your child from therapy, please indicate their name(s): _____

Parent/Guardian Signature

Date



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Child's Name: _____

Allergy Information

Please list any allergies or sensitivities that your child may have (including food, non-food, and latex): _____

Please list any medications your child is currently taking: _____

Picture & Video Release

- I give permission for my child's picture/video to be used by Kidabilities for the purpose of training other professionals.
- I give permission for my child's picture/video to be used by Kidabilities for marketing/publicity.
- I do not wish for my child's picture/video to be used for any purpose.

Consent to Release/Receive Medical Information

We encourage you to provide us with contact information of other professional(s) working with your child, so that we may coordinate care.

I agree to let Kidabilities share and receive information from other agencies (organizations) about my child so that services can be coordinated and optimized for my child's benefit. The following organizations are included in this release:

Medical Professionals: _____

Schools/Teachers: _____

Other: _____

Parent/Guardian Signature

Date



Update to No-Show/Cancellation Policy

Kidabilities values the relationship between the families that we serve and the therapists that provide those services. Every staff member that works in our office cares about their clients and wants to help them achieve therapeutic goals, while also working in a field they love that provides for them financially.

This has proved difficult recently due to frequent cancellations and no-shows that interrupt the therapeutic process and make it difficult for therapists to maintain their caseload. We are in trying times due to COVID and coming up on two years of a changing world with constant new guidance and news regarding how to best navigate this pandemic. We understand that there will be times that people will have to quarantine due to testing positive or healthcare provider advice due to exposure.

However, therapists have expressed significant concern due to frequent no-shows/cancellations that ultimately affects clients and therapists as it is essentially a cut in hours for that week. Staffing shortages across the country are happening and we are at risk of losing staff if this issue is not addressed, it can be difficult to find passionate therapists in rural areas and we don't want to lose any of our therapists.

In the spirit of transparency, Kidabilities policy is to pay therapists at the rate of half of their hourly pay for no-show appointments. The clinic can no longer bear the weight of this financially and so we are doing what many other healthcare providers do to manage no-shows and allowing clients to hold that responsibility as well.

In the future, no-shows may result in a charge of \$25, except in cases where not allowed by AHCCCS. For clients that do have AHCCCS coverage, their health plan will be notified of the no-show. Therapists will have the option to use discretion based on many factors; such as circumstances, frequency of missed appointments, etc.

No-shows or cancellations that occur twice in a row will be discussed between therapist and clients to address the issue and may result in being removed from the schedule if appointments continue to be missed.

We sincerely hope that you understand that much consideration has been given to this policy and it is necessary for staff. As much as Kidabilities values the relationships that we have with families, we also value that relationship with our staff.

If you have any questions, please contact the office at (928) 777-9897.

Signature of Client/Guardian

Date



Privacy Policies and Practices

*****PLEASE KEEP FOR YOUR RECORDS*****

Cancellation & Sick Policy

Kidabilities understands that to receive the best care possible, consistency in keeping appointments is essential. However, sometimes there are circumstances that cannot be avoided. Please notify the therapist no less than 24 hours if you need to cancel, reschedule, or will be late for an appointment. Since clients are scheduled for recurring therapy, rescheduling may prove difficult. Please make every effort to keep your appointment time. Not showing up at the scheduled appointment time without proper notification may lead to a termination in therapy. AHCCCS requires that appointments be kept, or if cancelled done with 24 hours' notice. Failure to keep appointments or cancellations without proper notice is reported to AHCCCS as required.

A "no-show" is any appointment not kept or cancelled without 24-hour notice. Patients are allowed 3 "no-show" appointments in a 60-day period or 5 cancellations in a 60-day period. Any client going beyond 3 "no-show" appointments, or 5 cancellations will be notified, and services may be terminated.

This attendance policy is in place to prevent last minute cancellations due to scheduling conflicts. However, to maintain the health of clients and staff at Kidabilities, a separate policy applies to cancellations due to illness. It is as follows:

- Do not bring your child if they have had a fever or other contagious symptoms within 24 hours.
- Do not bring your child if they have had symptoms like diarrhea, vomiting, or persistent cough within the last 24 hours.
- We ask that your child be symptom and fever free for 24 hours, without medication, before returning for therapy.
- If your child shows visible signs of illness during a therapy session, their appointment may be rescheduled at the discretion of Kidabilities staff.

Drop Off Policy

- Parents are expected to be on time for arrival and pick up of their children for appointments.
- Children that arrive 15 minutes late for an appointment are considered a "no-show" and the therapist may not be able to see the child.
- We ask that you be available 10 minutes prior to the end of the therapy session so that staff may talk with you and update you on any home programming needs. If you are unavailable during this last 10 minutes, or arrive late to pick up your child, the therapist may not be able to address your home program needs or answer any questions. *DD members are required to have the parent/caregiver present at all therapy sessions.*
- You may leave the premises of Kidabilities during therapy sessions as long as you can be reached by cell phone at all times. If this is not possible, we require that you remain on premises. *Therapists may require that a parent/caregiver be present at all sessions based on the unique circumstances, if so the therapist will inform you.*



*****PLEASE KEEP FOR YOUR RECORDS*****

Sibling/Parent Attendance Policy

It is the policy of Kidabilities that children are not allowed in the gym area unless it is during therapy and under the supervision of a therapist. We want to ensure the safety of everyone, and we ask for caregivers to help us since children often see something that looks fun without understanding the risk of the gym equipment. We encourage parental involvement, and parents are welcome to observe therapy sessions. If parent/caregiver attendance is a distraction or impacts any child's participation you may be asked to sit out of sight or to wait in the waiting room to optimize effectiveness of the treatment session.

Financial Policy

INSURANCE

Insurance claims will be filed on your behalf. Your insurance company may request certain information directly from you, and it is your responsibility to comply with their requests. Additionally, your insurance company may request clinical information about your child from Kidabilities to process claims. It is our policy to release such information to assist you in the filing of insurance claims. Your signature indicates that you accept assignment of insurance benefits to Kidabilities on your behalf.

Once claims have been processed, it is your responsibility to pay the balance of any uncovered claims and/or balances unpaid by the insurance company. Your insurance benefits are a contract between you and the health plan. Clients are responsible for patient responsibility charges as determined by their insurance coverage.

Please make sure that we receive a copy of your insurance card and/or ID when you arrive at your first appointment, and anytime after that this information changes. If you fail to provide this information in a timely manner, you will be responsible for any charges incurred. Kidabilities will verify your insurance information before your initial appointment and can inform you of your child's benefits. **This is not a guarantee of benefits or payment.** We also strongly encourage you to call your insurance company directly to get an explanation of benefits and to make sure all information is understood and accurate. Some services a client receives at Kidabilities may be non-covered or deemed not medically necessary by your insurer. Clients may be billed for these charges if applicable.

PATIENT RESPONSIBILITY

All co-payments, coinsurance, and/or deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Furthermore, Kidabilities is obligated to collect any co-payments. **If you have a co-pay as determined by insurance, it will be collected at each visit.**



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CLIENT STATEMENTS

All balances are due in full at the time the statement is issued. Any statements over 30 days are considered past due. Kidabilities will make every effort to work with you and payment plans may be available.

NONPAYMENT

If your account is past due 30 days and no payment arrangements have been made, therapy sessions and scheduling may be put on hold. All accounts over 90 days past due may be sent to collections if payment arrangements have not been made and effort to resolve the balance has not been made. Patients may be discharged from services due to non-payment. Providers are required by federal laws and guidelines to collect patient responsibility portions as determined by insurance and to make reasonable and consistent efforts to collect healthcare related costs that patients are responsible for.

REFUNDS

Any client balances that are overpaid and due for a refund will be processed and paid back to the client. Please ensure that the address on file is kept updated as that is what will be used to issue the refund check. Any credit balances under \$5 will be kept as a credit in your account, unless otherwise requested.

Please contact Heather with any billing questions or concerns (940) 218-2013

Reporting

If Kidabilities knows or has reasonable cause to suspect that a child is being abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that such knowledge be reported to the proper authorities.

Non-Subpoena Clause

This is an agreement between all parties that no party shall attempt to subpoena testimony or records from therapists or staff of Catherine Young PLLC dba Kidabilities for a deposition or court hearing of any kind for any reason. All parties acknowledge that the goal of occupational therapy is to enable clients to better function in their environments, and that the process of occupational therapy depends on trust and a working relationship during the therapy sessions. Therefore, it is understood by all parties that if they request therapy services from our office, they are expected not to use information given during the therapy process for their own legal purposes or against any of the other parties in a court or judicial setting of any kind.