



Evaluation and Re-Evaluation Fee Form

Health insurance reimbursement for occupational therapy and speech language therapy evaluations is typically very limited. To evaluate need for therapy and to set goals, insurance typically requires a brief evaluation session to determine a Plan of Care that includes: diagnoses, reason for referral, treatment goals, and amount of recommended therapy. We will provide this Plan of Care to you as part of your child's initial evaluation for services session. If you would like a more comprehensive occupational therapy or speech-language therapy evaluation report, an additional private pay fee of \$300.00 will be due at the time of your child's initial appointment.

Please initial your preference and sign and date at the bottom.

_____ I request a Plan of Care only. I recognize that the Plan of Care is a brief (one page or less) plan that contains: diagnoses, reason for referral, treatment goals, and amount of recommended therapy.

_____ I request a more comprehensive evaluation report. This will include background information on your child, parent and/or teacher concerns as relevant, results of any standardized testing completed, clinical observations and impressions, and recommendations. I understand that this written report is not covered by my health insurance and am consenting to pay the \$300.00 fee.

Signature

Your Child's Name (Printed)

Print Your Name

Date