

Exceptional Horizons Physical Therapy, PLLC

3102 Route 9
Cold Spring, NY, 10516
(914) 707-8543

Welcome to Exceptional Horizons Physical Therapy, PLLC. We look forward to helping your child reach his or her highest potential. Please read through the following policies and procedures and do not hesitate to call with any questions or concerns.

If beginning therapy, please complete all forms, sign appropriate areas, and return to your therapist.

Policies

A physician's prescription for physical therapy services with specific frequency and duration as well as diagnosis must be obtained before treatment can begin.

Billing

Exceptional Horizons Physical Therapy does not bill insurance companies directly. A monthly, itemized bill with treatment codes will be provided to you for potential reimbursement from your health insurance company. Payment in the form of cash, credit card, or personal check is accepted following each treatment session or at the end of the month depending on client preference. Please note that there will be a \$35 processing fee for returned checks.

Services Offered

Physical Therapy Evaluation:

60-90 minute clinical observation and evaluation of developmental gross motor skills using a standardized assessment, 30 minutes of parent consult, and a written summary. Completed documents must be submitted in order to schedule an evaluation.

Physical Therapy Re-Evaluation:

45 minute clinical observation and evaluation of developmental gross motor status/skills with written documentation. No standardized assessment conducted.

Physical Therapy Screening/Evaluation:

45 minute clinical observation and evaluation of developmental gross motor skills with 15 minute parent consult. No standardized assessment conducted and no written summary provided. Completed documents must be submitted in order to schedule a screening.

45 Minute Physical Therapy Session:

Includes 40–43 minutes direct treatment and 2–5 minute parent consult at the end of the session.

30 Minute Physical Therapy Session:

Includes 25–28 minutes of direct treatment and 2–5 minute parent consult at the end of the session.

Parent Consultation:

30 minute session with treating therapist to discuss child's progress, formulate new goals, and/or develop/review home exercise program.

PT & OT CPSE Related Services: Physical and/or Occupational Therapy services through Dutchess and Putnam County Department of Health.

Insurance and/or School District Documentation: Additional note writing beyond daily session notes.

Cancellation Policy

Exceptional Horizons Physical Therapy adheres to a 24 hour cancellation policy for all appointments. Kindly inform your therapist via telephone no later than 24 hours before your scheduled appointment time if you are unable to keep an appointment. Two grace sessions, free of charge, will be allotted each year for sudden illnesses. After the grace sessions have been used, cancelled appointments without 24 hour notice will be billed at a 50% rate with no treatment codes given. If an evaluation or screening is cancelled with less than 24 hour notice, there will be an \$85 charge. This charge will be deducted from the evaluation or screening fee should that service be completed at a later date.

Sickness Policy

In an effort to ensure the health of your child, the health of other children that we service, and the health of our therapists, we request that parents/caregivers cancel therapy sessions for the following communicable illnesses as soon as symptoms appear;

- ~Fever of 100 degrees or over within 24 hours of a visit
- ~Runny or stuffy nose with green mucus
- ~Influenza (the flu)
- ~Strep throat unless on antibiotics for 48 hours
- ~Child or anyone in household with conjunctivitis (pink eye)
Can be seen after 24 hours of medicated eye drops
- ~Child or anyone in household with RSV (Respiratory Syncytial Virus)
- ~Vomiting or Diarrhea within 24 hours
- ~Rotavirus
- ~Head lice
- ~Hand, foot and mouth virus
- ~Fifths disease
- ~Ring worm
- ~Contagious rashes
- ~Any other contagious conditions
- ~Any illness preventing you or your child from participating in normal daily activities
- ~Any illness preventing your child from attending daycare or school

This policy applies to siblings in the waiting room as well.

If you are unsure if your child's condition is contagious, please consult your doctor prior to the scheduled appointment.

Although some illnesses seem less severe than others, they can be detrimental to a medically fragile child.

If a therapist notices any of the above conditions, your child's session may be ended early. Payment for the session will still be necessary.

Please remember, there are two grace sessions to utilize each year for sudden illnesses.

Tardiness

Exceptional Horizons Physical Therapy makes every attempt to begin treatment sessions in a timely manner. Tardiness at drop off may effect your child's treatment duration and tardiness at pick up may effect another child's session.

If you arrive late to your child's appointment, the session may have to end at its regularly scheduled time and will be billed the full rate.

A late pick up fee of \$15 per 15 minutes will accrue should you be late to pick up your child. Please be on time.

Et cetera

A brief discussion of your child's session (i.e, performance, progress, home exercises, etc.) may occur during the last 5 minutes of the session in the waiting room. If this is not acceptable to you, please notify your treating therapist.

If you feel you need additional consult time, that will take more than 5 minutes to discuss, please let the treating therapist know prior to the start of the session.

Your child's therapist will adjust their direct treatment time to accommodate the additional consult. If you prefer a phone or office parent consultation, please arrange this with the therapist.

It is recommended that toilet training children use the bathroom before the start of a session, take a bathroom break (assisted by the parent/caregiver) during the session or use a pull up to ensure there are no accidents. A parent/caregiver should be readily available to assist should an "emergency" arise. The therapist is not responsible for changing diapers or assisting children with the bathroom.

Exceptional Horizons Physical Therapy follows the Haldane Central School District calendar for vacation dates and closings due to inclement ^{weather}.

Please refer to the calendar online at <http://www.haldaneschool.org> .

Whenever possible please try to schedule vacations and events around the therapy schedule to maintain maximum carryover of services.

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Information Release

I give Exceptional Horizons Physical Therapy, PLLC permission to discuss and/or release my child's physical therapy treatment information via phone, fax, or email with other health care professionals and/or schools. _____(Please initial for consent)

Photo Release

I give Exceptional Horizons Physical Therapy, PLLC permission to photograph my child for educational, teaching, advertising and progression documentation purposes. _____(Please initial for consent)

Video Release

I give Exceptional Horizons Physical Therapy, PLLC permission to videotape my child for educational, teaching, and progression documentation purposes. _____(Please initial for consent)

Student Observation Release

I give Exceptional Horizons Physical Therapy, PLLC permission to allow a physical therapy student to observe my child's treatment session for educational and teaching purposes. _____(Please initial for consent)

I have read the above information on Exceptional Horizons policies and procedures. I understand my rights and responsibilities. I agree to abide by the above policies. _____(Please initial)

Signature_____Date_____

Thank You!