Playworks
Speech, Occupational, and Physical Therapies

Consent For Services

"I, _____, authorize Playworks Therapy ("Playworks") to share information about _____, born on _____, with the following healthcare providers or individuals:

_____

_____

I also grant permission for Playworks to conduct evaluations, treatment, and consultative services for the mentioned client either through teletherapy or at the clinic. During my child's sessions, I will either be present on-site or available by phone at: _____.

I acknowledge that Playworks will maintain confidentiality by not sharing my child's information with any unauthorized individuals. All medical records and health information will be kept strictly confidential.

Social Media: Please circle your preference below

I (circle ONE option below) for Playworks staff to use my child's image in marketing materials such as social media posts and website updates

I DO give Permission I DO NOT give Permission

Community Outings: Please circle your preference below

I (circle ONE option below) for Playworks staff to provide therapy services in the local community (i.e. Woodstock playground, Starbucks, CVS, etc.)

I DO give Permission I DO NOT give Permission

Fees:

Assessments The assessment rates are charged at a flat rate, covering both the in-person evaluation time and the additional time spent scoring assessments, drafting reports, and reviewing findings with parents.	
Speech/Language - $320 Feeding - $750	Oral Motor/Swallowing - $350 Occupational Therapy - $750
Physical Therapy Assessment costs change based on tests and evaluations used, specifically priced at $175, $350, and $525	

Continue to the reverse side.

Treatment Sessions The listed rates for services are based on a 50-minute session. For sessions shorter than 50 minutes (25 or 40 minutes), the rate will be prorated according to the actual session time.	
Speech/Language Therapy - $160 Occupational Therapy - $165 Physical Therapy - $175 Feeding Therapy - $175	Reading Therapy (Orton-Gillingham) - $125 Developmental Intervention - $110 Social Group Intervention - $110

Reports, treatment plans, progress notes, parent meetings, and assessments are charged at the same hourly rate. All co-treatments will be billed at the rates of both clinicians involved.

I acknowledge that I am responsible for full payment to Playworks within ten days of service. In the absence of a provided credit card number, payment is due at the time of service. I understand that matters relating to health insurance, including policies and reimbursements, are solely between myself and my health insurance company. Playworks will directly bill me for all services rendered to the specified individual.

Cancellation Policy:

I acknowledge that appointments canceled with less than a 24-hour notice will be charged the full service rate, excluding emergency situations or illness.

Tricare:

I understand that all services covered by Tricare, Humana, will be billed directly to Humana. I am responsible for services NOT COVERED by Tricare and all co-pays. I will renew the referral for Playworks through my child's primary physician every 365 days.

Sponsor's Name: _____Sponsor's SSN:_____

If the social security number is not provided, Tricare will not be charged directly, and therefore I will be responsible for all charges.

Attendance Policy:

To secure a consistent schedule with a Playworks therapist, your child must attend at least 75% of scheduled sessions, calculated as an average over three months. If your child misses more than one session per month for three consecutive months, maintaining the same time slot may not be guaranteed moving forward.

Parent Signature: _____ Date:_____