



Occupational Therapy Disclosure Statement

Education and Training Lora Clements MS, OTR/L received her Bachelor of Science Degree in Occupational Therapy and Master of Science Degree in Occupational Therapy from Russell Sage College and Sage Graduate School in Troy, NY. She has worked in a variety of pediatric settings since 2000 with children who have developmental difficulties in clinic and school based settings. Lora has been licensed as an Occupational Therapist since 2000. Licensing insures that Lora has received adequate training and supervision in Occupational Therapy, and that she participates in ongoing continuing education.

Billing I will make every effort to maximize your insurance coverage; however, you should be aware that your medical insurance is an agreement between you and your carrier. Therefore, I will consider you as the responsible party for your child's treatment. The office will complete and file insurance claims for you. I offer payment options which include credit cards and cash payments.

- ⤴ *It is your responsibility to notify me of any insurance change; a change in your insurance may mean a change of coverage; some plans do not cover my services and you will be responsible for any charges which are not covered by the new plan.*

Payment

- ⤴ Outstanding balances are payable upon receipt of billing invoice
- ⤴ Payment must be tendered in cash, check, debit or credit card.
- ⤴ Returned checks are subject to a \$25 charge.
- ⤴ A late fee of 5% will be added to balances that are more than 90 days past due (minimum \$2/month)
- ⤴ In the event of default of any amount due, the client is responsible for payment of all collection costs.

Attendance Policy I require notice cancellation of appointments as soon as possible and no later than 9 am the day of the missed appointment. Confidential voice mail is available 24 hours a day to receive messages. If advanced notice of a missed appointment is not received, you will be charged a \$25 cancellation fee. I do not routinely confirm appointments. It is understood that your appointment time is typically reserved for you on the same day and time each week. If you are unable to attend appointments on a consistent basis, your appointment time will be relinquished to another client.

I have read and agree to the preceding description of office policies. I have been provided with the opportunity to discuss any concerns or questions that I might have. I understand my rights/responsibilities outlined above.

Client _____ Date of Birth _____

Parent/ Guardian Signature _____

Parent/Guardian Printed Name _____

This form is the property of:
Lora Clements MS, OTR/L, INC.