



**New Client Intake Form**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School attending: \_\_\_\_\_ Teacher: \_\_\_\_\_

I, \_\_\_\_\_, authorize Corry Wagner, a CA licensed and certified occupational therapist with Bay Area SpeechWorks to provide occupational therapy to my son/daughter at the rate of \$140/hour. I understand that I am responsible for payment. I understand that Corry Wagner can assist with insurance billing by providing diagnosis and treatment codes but that I am responsible for obtaining insurance authorization and reimbursement.

I would like to pay: (please circle one)

\*per session

\* billed via email each month—payment due within 2 weeks

I understand that I am encouraged to speak with the therapist for 5 to 10 minutes prior to the end of each session for consultation and review of my child's progress.

Please note, the following are charged at the hourly rate: Phone or in person consult, with parents or other providers, over 15 minutes; Report writing, requested written updates, and home programs.

I am aware that I will be billed for the therapy session that is cancelled in less than 24 hours unless the circumstance is an emergency. There may be one grace session per year.

I understand that all information regarding my child is confidential. I also understand that online invoicing and billing methods utilized by Corry Wagner, OT with Bay Area SpeechWorks, are private but may not fall within the guidelines of HIPAA compliance.

I understand that portions of my child's session may be recorded (video and/or audio) for therapeutic purposes but will not be shared without my explicit consent.

Either I or Corry Wagner, OT with Bay Area SpeechWorks may terminate this relationship and the provided services at any time.

Agreed:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_