



## Service and Payment Agreement 2023

*This Service and Payment Agreement is between families / participants and the Steps to Strides Occupational Therapy Service*

<b>Client Name:</b>	
<b>Date of birth:</b>	
<b>Address:</b>	
	This is a (please circle) Permanent Residence/Interim Placement (please provide documentation if there are any court orders in place regarding placement).
<b>Parents/Carers:</b>	
	*Please provide documentation if there is a Family & Community Services Care arrangement in place.
<b>Contact email:</b>	
<b>Contact mobile:</b>	Name: _____ Number: _____

### **Service description:**

\_\_\_\_\_, is participating in Occupational Therapy sessions with Rebecca Middeldorp (Bec). This is a clinic-based therapy service. Sessions can interchange between the clinic, home and school environment.]"

### **Therapy fees:**

Preparation time, travel and contact with external professionals (teachers, speech therapists, etc.) regarding your child (under 5 minutes) are included in the fees. Any contact that exceeds 5 minutes with external professionals is charged at the below rates.

<b>Duration</b>	<b>Cost</b>
45 minutes	\$150
60 minutes	\$193.99
Full Assessment: Assessment using formal standardised assessment tools (approx. 1.5 hours assessment time), inclusive of feedback time and approx. 3 hours scoring and report writing time. A Functional Capacity Assessment for NDIS purposes will be charged at the above hourly rate at a minimum of five hours.	\$750

- Travel will be charged at the above hourly rates.
- Feedback to parents is included within the allocated therapy time.
- OT 'home programs' programming will be charged at the above rates.
- Reporting for NDIS, progress reports, etc. will be charged at the above rates. A standard summary report

Please initial that you have read and understood this page:

is one hour therapy time. Medicare or Health Fund letters are included in the service.

**Please indicate which form of funding you will be using:**

**Rebates/Funding (tick which applies)**

- Private health: Please consult your provider to find out your rebate amount as this is dependent on your level of cover.
- Chronic Disease Management plan (formally Enhanced Primary Care Plan): If your child has accessed another service in their lifetime, e.g. physiotherapy, speech therapy, psychology, a dietician, podiatrist, chiropractor or audiologist, for an ongoing condition then they may be eligible for this plan. This gives you a partial refund, for up to five separate sessions per calendar year.
- Mental Healthcare Plan: This is part of the Better Access to Mental Health Care Initiative. Medicare rebates (partial refund) are available for patients to receive up to 10 services per calendar year. This is given in two sets (usually six then four sessions) with a review from the referring doctor after each set. Please discuss this with me if you are unsure whether your child is eligible.
- NDIS:  
NDIS Participant Number: \_\_\_\_\_  
NDIS Plan review date: \_\_\_\_\_  
At this stage, Steps to Strides Occupational Therapy can only accept self-managed or plan-managed clients. Please indicate how you are managing your NDIS funding:
  - Self-managed
  - Plan-Managed through \_\_\_\_\_(agency).  
Contact details: \_\_\_\_\_(name and number).

**Photo & video consent:**

Photos & videos can be used to assist with your child's program. With school-based therapy, photos and videos explaining activities may be sent to parents/carers. These are then deleted. (Circle the below, as applicable) By signing this agreement:

- I agree/disagree to photos/videos being used for parent feedback.

**Permission to release information:**

- Ongoing collaboration with other services will take place where applicable, to ensure the best outcomes for the child and family.
- I agree that Rebecca Middeldorp (Bec) can contact the service below on the details provided. Any changes to this information need to be advised in writing.
  - Examples of services include Family and Community Services, psychology, speech therapy, paediatricians, teachers, physiotherapists, behavioural therapists, etc.

Type of Service	Name	Contact (phone/ email)

**Consent & Confidentiality:**

- I understand that information gathered may be recorded in my file and will remain confidential.
- I understand that my file could be accessed for the requirements of file audits such as State & Federal Government funding reporting purposes or healthcare fund requirements.

Please initial that you have read and understood this page:

**Payments:**

- Invoices are issued at the conclusion of each therapy session. This will be via the credit card system stored in our practice management system.
- Reminder notices for overdue payments will be issued via phone or email after seven days.
- *If payments are not received within 14 days (two weeks) from the issue date of the invoice, a \$30 late fee will be added to your next invoice. If therapy is concluding then the invoice will be re-issued with the late fee added. This fee will not be claimable under any health fund.*
- If payments that are not received within one month of the invoice issue date, then therapy services will cease until the balance is paid. Your child's time slot is not guaranteed to be held during this time.

**Cancellations and Sickness:**

- You must contact Rebecca Middeldorp (Bec) via phone or email to cancel a session within 24 hours of a booked session. Failure to do so will result in the full fee being charged.
- Appointments that are cancelled by the therapist will not be charged. Every attempt will be made to reschedule where possible.
- You will need to cancel your session if your child is sick. If it is home based therapy and the parent/guardian is sick then you will also need to cancel. If your child is sick and you have not notified your therapist, the therapy session will not commence but will be charged in full.

**Service Agreement Signature**

- I have read and understand the expectations for participating in Steps to Strides Occupational Therapy service.

\_\_\_\_\_  
\_\_\_\_\_

Parent/ Carer Name/s

\_\_\_\_\_  
\_\_\_\_\_

Parent/ Carer Signature/s

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

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

**Please indicate whether there are any Custody Agreements, Care Orders or Confirmation of Placement Orders in place and attach relevant documentation. Service cannot commence until this is received.**