



Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Caregiver(s) name \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact person other than caregiver(s) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Emergency phone number(s) \_\_\_\_\_

Pediatrician name \_\_\_\_\_ Name of practice \_\_\_\_\_

Office number \_\_\_\_\_ Fax number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Insurance ID \_\_\_\_\_

Subscriber name \_\_\_\_\_ Subscriber DOB \_\_\_\_\_

Subscribers address (if different from client)  
\_\_\_\_\_

Allergies \_\_\_\_\_

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

\*\*\*\*\*Office Notes\*\*\*\*\*

	*****Office Use*****
ICD 10	
Codes	
Auth. end date	
Session end date in TB	
Therapist	
Appt. time(s)	

## Office Policies



**Co-payments:** are due at the time of service in the form of credit card, personal check or cash.

**Insurance Coverage:** Although Blue Cross Blue Shield, Harvard Pilgrim, Tufts and Neighborhood Health Plan insurance plans are accepted, families are responsible for any balances. Through timely completion of paperwork, we will do our best to ensure coverage throughout treatment; however, it is important to note that services may not be covered until the time of discharge. By signing below, caregivers agree to pay for all services rendered should the insurance company deny payment for services rendered. Any denials, delays, or short comings are not in control or the responsibility of North Shore Children's Therapies.

**Cancellations with more than 24 hours notice:** Will not be charged. Please call (978) 535-3355 to cancel appointments.

**Cancellations with less than 24 hours notice (late cancel):** A \$60 fee will be charged for late cancels. We allow families to schedule a make-up session in lieu of a late cancel charge.

**Missed Treatment Sessions (No Show):** After three No Shows, patients will be discharged from the practice. If you would like to avoid discharge, patients can elect to pay the \$105 session fee.

**Excessive Cancellations:** If 25% of appointments are missed over two consecutive months, the patient will be discharged from the practice.

**Extended Absences:** If your child's therapy sessions are cancelled for three consecutive weeks due to vacations, camps, or other programs throughout the year, you run the risk of losing your scheduled time slot. We will make every effort to find a session time in the schedule based on availability when you return.

**Session Information:** Treatment sessions run for 45 minutes. Often, the direct therapy session will wrap up after 40 minutes in order to provide feedback and homework to the caregiver. Carry-over and generalization of skills are a critical component to the therapy program.

**Open Door Policy:** We welcome families to be active participants in our sessions. If you would like to join us during sessions, we ask that you remain in the treatment room with your child in order to protect the privacy of our other patients. We ask that caregivers with mobile siblings wait in the waiting room, as the sibling can often be a distraction.

**Illness:** If your child is sick with fever or upset stomach, please be sure that he/she is free of the symptoms for a full 24 hours before the visit.

**Sign Out:** If the caregiver plans on leaving the waiting area during the therapy visit please make sure to sign out by leaving your name and contact number with reception.

I have read and accept these policies.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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

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

**WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

For and in consideration of PARTICIPANT'S ability to enter on and use the property, including but not limited to the facilities, equipment and occupational therapy gym, of North Shore Children's Therapies, LLC (hereinafter referred to as "NSCT"; its property referenced above hereinafter referred to as "NSCT Property"), PARTICIPANT and PARTICIPANT'S guardian(s) on behalf of PARTICIPANT (if PARTICIPANT is a minor or has a legal guardian) relinquishes and waives any and all claims and causes of actions arising from, resulting from or related to in any way the use of NSCT Property, wherever and however such personal injuries, property damage or wrongful death occur. In the language which follows, any reference to "PARTICIPANT" includes the PARTICIPANT and any and all of PARTICIPANT'S parent(s) or guardian(s) signing on behalf of such PARTICIPANT.

To the best of his or her knowledge, PARTICIPANT acknowledges, understands, has full knowledge of, and assumes all risks inherent in the use of NSCT Property and understands that such use and activities involve risks to PARTICIPANT, including possible bodily injury, partial or total disability, paralysis, death and other injuries and damages which arise therefrom.

PARTICIPANT further acknowledges and understands: (a) that such risks and dangers may be caused by the negligence of others including the "RELEASEES" identified below: and (b) that there may be risks and dangers in connection with or relation to NSCT Property not known or reasonably foreseeable at the present time.

PARTICIPANT acknowledges, understands, and assumes the risks arising from the use of or presence in or at NSCT Property. PARTICIPANT further acknowledges, understands, and agrees that included within the scope of this agreement are any claims or causes of action (a) arising from the performance or failure to perform maintenance or inspection or to supervise or control such facilities or premises, (b) failure to warn of dangerous conditions existing in or at such facilities or arising from negligent selection, appointment or retention of any RELEASEES: and (c) arising from negligent supervision or instruction of or by any RELEASEES.

PARTICIPANT UNDERSTANDS AND AGREES THAT EXPRESS PURPOSE OF THIS AGREEMENT IS TO EXEMPT, WAIVE, AND RELEASE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH CAUSED BY NEGLIGENCE, INCLUDING ANY NEGLIGENCE BY ANY RELEASEES.

PARTICIPANT expressly acknowledges and agrees that the activities at the event in which he or she is participating are dangerous and involve risk of serious injury and/or death and/or property damage. PARTICIPANT further expressly agrees that the foregoing release, waiver, and indemnity provisions are intended to be as broad and inclusive as is permitted by the law of the state in which the NSCT Property is located and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

PARTICIPANT expressly acknowledges that this agreement shall bind the PARTICIPANT, the PARTICIPANT'S family, estate, heirs, administrators, personal representatives or assigns and that this agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts, without giving effect to the conflict of laws provisions thereof, and that the Commonwealth of Massachusetts shall be the forum for any lawsuits filed under or incident to this agreement.

"RELEASEES" means NSCT, its current and former owners, officers, directors, agents, representatives and employees, other PARTICIPANTS, and owners and operators of facilities, equipment and premises owned by, leased or used for NSCT activities or purposes, and any and all officers, directors, agents, employees and representatives of any of the foregoing.

PARTICIPANT agrees that if any claims or causes of action relating to PARTICIPANT'S personal injury or wrongful death or for property damage relating to or arising out of or related to NSCT Property is made or commenced against any RELEASEES, PARTICIPANT shall defend, indemnify, and hold harmless such RELEASEES from such claims or causes of action and all damages and liabilities relating thereto, including reasonable attorney's fees and costs and expenses to defend.

PARTICIPANT agrees that before using any NSCT Property, they will inspect the facilities, premises and equipment to be used, and if they believe that anything is unsafe, they will immediately advise an representative of NSCT of such conditions and refuse to use that property.

PARTICIPANT ACKNOWLEDGES THAT HE OR SHE (A) HAS READ THE ABOVE PARAGRAPHS; (B) HAS NOT RELIED UPON ANY REPRESENTATIONS OF ANY OF RELEASEES WITHOUT REASONABLE VERIFICATION OR INQUIRY; (C) HAS, TO THE BEST OF HIS OR HER KNOWLEDGE AND TO HIS OR HER SATISFACTION, BEEN FULLY ADVISED OF THE RISKS AND POTENTIAL DANGERS OF USING NSCT PROPERTY: AND (D) SIGNS THIS CONTRACT/AGREEMENT VOLUNTARILY, UNDERSTANDING THAT THIS AGREEMENT IS NECESSARY IN ORDER FOR NSCT TO OFFER ITS PROPERTY FOR USE BY PARTICIPANTS.

\_\_\_\_\_  
Participant Signature or Parent Signature (if participant under age 18)

\_\_\_\_\_  
Printed Name

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

