

NeuroPlay Central Florida

Pediatric Occupational Therapy

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Mount Dora, FL | Lake • Orange • Seminole Counties



NEUROPLAY STUDIO
Plasticity specialists

OCCUPATIONAL THERAPY SERVICES AGREEMENT

Client (Child) Name:	Date of Birth:	Age:
_____	_____	_____
Parent/Guardian Name:	Relationship to Client:	
_____	_____	
Address:	City/State/Zip:	
_____	_____	
Phone:	Email:	Agreement Date:
_____	_____	_____

1. Provider Information

Services are provided by **NeuroPlay Central Florida**, a pediatric occupational therapy practice owned and operated by Carolyn Talbot, OTR/L. All services are delivered in the client's home or natural environment within Lake, Orange, and Seminole Counties, Florida.

Services are provided by or under the direct supervision of a licensed Occupational Therapist in accordance with Florida Statutes Chapter 468, Part III.

2. Scope of Services

NeuroPlay Central Florida provides pediatric occupational therapy services including but not limited to:

- Comprehensive OT evaluations and re-evaluations
- Individual therapy sessions (30, 45, or 60 minutes)
- Sensory processing intervention
- Fine motor and visual-motor skill development
- Activities of daily living (ADL) training and self-care
- Feeding therapy and oral motor intervention
- Home exercise program (HEP) development and caregiver training
- Consultation and school/community collaboration

All services are provided using an **episodes of care** model. Goals and frequency of services will be established following the initial evaluation and reassessed at each episode of care.

3. Fee Schedule & Payment

Service	Duration	Rate
Pediatric OT Evaluation	Approx. 2 hours	\$300.00
Individual OT Session	60 minutes	\$100.00
Individual OT Session	45 minutes	\$75.00
Individual OT Session	30 minutes	\$60.00

Payment is due at the time of service unless a prior billing arrangement has been established. Accepted payment methods include cash, check, credit/debit card, and Venmo.

NeuroPlay Central Florida does not bill insurance directly. A superbill or receipt can be provided upon request for clients seeking out-of-network reimbursement.

_____ *Parent/Guardian initials confirm understanding of fee schedule and payment policy.*

4. Step Up for Students Scholarship

NeuroPlay Central Florida is a registered direct provider with **Step Up for Students**. Families using a qualifying scholarship (Family Empowerment Scholarship – EO or UA) may use scholarship funds to cover the cost of OT services.

- Payments are processed through the **Step Up for Students portal** — parents do not pay out of pocket for scholarship-covered services.
- A **Session Attendance Log** must be signed at each visit for scholarship documentation purposes.
- Scholarship funds **cannot** be used to pay cancellation or no-show fees.
- Provider ID: _____

_____ *Parent/Guardian initials confirm understanding of Step Up for Students billing procedures (if applicable).*

5. Cancellation & No-Show Policy

We understand that life with children is unpredictable. We ask for **24 hours' notice** for cancellations or rescheduling whenever possible.

- **Late cancellation** (less than 24 hours notice): \$40 fee
- **No-show** (missed appointment without notice): \$60 fee
- Cancellation fees are billed directly to the parent/guardian and **cannot** be paid with scholarship funds.
- Three (3) or more no-shows or same-day cancellations within a 60-day period may result in discharge from services.

NeuroPlay Central Florida reserves the right to cancel or reschedule sessions due to therapist illness, safety concerns (including unsafe weather or travel conditions), or unavoidable schedule conflicts. We will provide as much advance notice as possible.

_____ *Parent/Guardian initials confirm understanding of cancellation policy.*

6. In-Home & Natural Environment Services

All therapy services are delivered in the client's home or natural environment. By signing this agreement, parent/guardian agrees to:

- Ensure a safe, accessible space is available for therapy activities
- Have the child present and ready at the scheduled session time
- Supervise or remain accessible during all sessions
- Secure pets in a separate area during sessions unless clinically incorporated
- Not have third parties present during sessions without prior consent of the therapist

7. Parent/Caregiver Participation

Family-centered care is central to our model. Parent/caregiver participation is expected and encouraged. You may be asked to:

- Participate actively in sessions to learn strategies and techniques
- Carry out home exercise program (HEP) activities between sessions
- Communicate changes in the child's health, medications, or behavior
- Provide information to and from school or other providers as needed

8. Confidentiality & Records

All client information is maintained in accordance with HIPAA (Health Insurance Portability and Accountability Act) and applicable Florida law. Client records will not be released without written authorization except as permitted by law.

Session notes, evaluation reports, and progress data are maintained in a secure system. Copies of records may be requested in writing with a minimum of 5 business days' notice.

9. Photography & Media

- I **consent** to photographs or video recordings of my child being taken during sessions for the purpose of clinical documentation and/or educational/marketing materials.
- I **do NOT consent** to photographs or video recordings of my child for any purpose.

10. Termination of Services

Either party may terminate this service agreement with written notice. NeuroPlay Central Florida may discharge a client from services for the following reasons (not exhaustive):

- Goals have been met or the client has reached maximum benefit from OT services
- Repeated no-shows, cancellations, or non-compliance with the cancellation policy
- Non-payment of outstanding balances
- Safety concerns for the client, therapist, or household
- Relocation outside our service area

A discharge summary will be provided upon conclusion of services.

11. Acknowledgment & Agreement

By signing below, I acknowledge that I have read, understood, and agree to the terms of this Occupational Therapy Services Agreement. I confirm that I am the parent or legal guardian of the client named above and have authority to enter into this agreement on their behalf.

Parent/Guardian Signature

Printed Name

Date

Therapist Signature — Carolyn Talbot, OTR/L

Date

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A copy of this signed agreement will be provided to the parent/guardian upon request.