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## Way to Grow Teletherapy Policies

### Our expectations parent/guardian/caregiver are:

-You will be responsible for contacting your therapist by phone or email [for any schedule changes and/or concerns](#). Please notify us 24 hours in advance for any cancellation or schedule changes; **a late cancellation fee of \*\$45.00 will be applied accordingly for “short notice” cancelations (2 hours or less prior to appointment time) or “no shows” (not attending scheduled appointment).**

- An adult or caregiver over the age of 18 should be present and prepared to be an active participant.

-Please have all supplies your therapist has recommended for you prepared and accessible prior to the start time. *Before your **initial** teletherapy session, the therapist(s) will email you supplies to gather and prepare from around your house. You will use these instructions for every session unless prompted otherwise.*

-Your child's sessions will run 30 mins. It is important that you login at least 5 minutes prior to your session to test audio and visual equipment. **MUST USE CHROME** for best results.

### Patient Financial Responsibilities

#### Private Pay: 30-minute single therapy session: \$45.00

\_\_\_\_\_ I choose to accept discounted rates and will not be submitting to another payer.

\_\_\_\_\_ I understand that I must have a card on file to be charged following the completion of our therapy sessions.

#### Insurance Reimbursement Rate:

\_\_\_\_\_ I choose to have WTG file insurance claims on the patient's behalf. Way to Grow will file a claim with Blue Cross Blue Shield.

*Please know, it is the member's responsibility to know the insurance policy and be aware of the benefit coverage for teletherapy (aka telehealth) prior to the appointment regarding covered and non-covered benefits. When calling your insurance, please ask directly about the following CPT codes and modifiers:*

*-Speech therapy: CPT code 92507; point of service telehealth (video therapy); modifier GT or 95 authorization*

*-Occupational therapy: CPT code 97530; point of service telehealth (video therapy); modifier GT or 95*

\_\_\_\_\_ In addition to the above policies, I understand that all other conditions stated in the policies of the initial intake paperwork continue to apply to teletherapy (please request a signed copy for your records if needed from our office staff).

By signing below, I acknowledge that I have read and understand the teletherapy policies at WTG.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name