

The Body's Wisdom, LLC.

1257 Southford Rd., Ste. D, Southbury, CT 06488 (203)262-0303 thebodyswisdom.net

The Body's Wisdom was established in January 2003 by Tamara Kichar-Barry, OTR/L. It is a therapy office that specializes in CranioSacral Therapy, Manual Therapy and Visceral Manipulation. We service infants, children, adolescents, and adults with a large variety of treatment needs. We are a "fee for service" practice. There are, however, insurance billing options if your insurance package includes out of network Occupational Therapy benefits. If you wish to participate in these options, please read the following carefully:

1. It is the responsibility of the patient to call the insurance company and retrieve all pertinent information.
2. It is the responsibility of the patient to make sure all the necessary steps are taken to process insurance claims.
3. Payment for therapy is due at the time of each visit. (The Body's Wisdom accepts cash, check, VISA and MasterCard).

Helpful Hints when calling your insurance company:

1. Find out if you have "out of network" Occupational therapy benefits, if yes then:
2. Request the necessary claim forms to submit with your super bills, which will serve as your proof of payment.
3. Find out if you need a doctor's prescription/referral.
4. Find out if you have a deductible; ask if it is per person or per family.
5. Find out what the percent of coverage for out of network benefits is (i.e. 80%/20%).

*** Remember when the insurance company reimburses you, it will be minus your percent (ie.: 20%) of their reasonable and customary charge and after your deductible has been met.***

Cancellations and 'no show' Policy:

There will be a \$100.00 fee for all "no shows and/or cancellations" without 48 hours notice. This will ensure that all patients can receive appointments in a timely manner. Please sign below indicating that you have read and understand the policies of the Body's Wisdom regarding payment, billing options, and cancellations. Your signature will also serve as an acknowledgement of the HIPPA privacy act.

Signature of patient/guardian

Date

The Body's Wisdom, LLC.

Date: _____

Patient Name: _____

Contact Person (if patient is under 18): _____

Home phone # _____

Cell phone # _____

Work phone # _____

Home Address: _____

Email address: _____

Patient Date of Birth: _____ Male/Female

Diagnosis or reason for Treatment: _____

Are you currently receiving Occupational Therapy (OT) Services? _____

If yes, where? _____

Have you had an OT evaluation within the past year? Y / N when? _____

Primary Dr. Name and phone number: _____

Insurance Information: out of network benefits YES/NO

If yes, Carrier name: _____

Phone number: _____

Name of Primary Card Holder: _____

Plan ID # _____ Group or policy # _____

How did you hear about us: _____

OFFICE USE ONLY:

Diagnosis code: _____ CPT code: _____