



7929 W Cermak Rd. Unit C
North Riverside, Illinois 60546
Ph: 708-442-0023 Fax: 708-442-0025
www.SmartMovesPediatrics.com

Policy and Procedures

- Thank you, for choosing Smart Moves Pediatrics for your child's therapy needs. Please review the following policies regarding fees and services:
- Your child will require a doctor's prescription prior to evaluation and treatment. This will need to be updated on a yearly basis. Please help to make sure your prescription is correct.
- Please be sure that we are aware of any allergies, diet, or physical restrictions your child may have. Make sure we have your current cell phone number if you are not going to be present during the treatment session.
- Sessions are a total of 60 minutes consisting of 45-50 minutes of direct service, 10 minutes of parent discussion as needed and note writing.
- If you are receiving services in a clinical setting, please wait in the waiting area until your appointed therapy time. We encourage parents to come in and observe treatment sessions so carry over can occur at home. Although we love siblings, they can be distracting. Siblings may play with toys in the waiting room until the session is over. When sessions are structured for siblings to participate, parents will be given advanced notice.
- If you need to cancel an appointment, please give us at least a 24-hour notice. Your appointment is a one-on-one time schedule only for you! Without notification, a \$75.00 cancellation fee will be applied to your statement. 3 or more cancellations may result in termination of therapy services.
- Please be aware that any charges not covered by your insurance carrier become your responsibility.
- Feel free to ask for an appointment to discuss and update home programming, as this is difficult to go over during a therapy session. Please make sure to keep your therapist updated on any life changes or medications that may impact your child's performance.

Thank you for entrusting us with our child's care and please always feel free to ask questions or offer ideas and suggestions.

Clients Name

Parents Signature