



## 2024 Fee Schedule and Agreement

Item	2024
In-person hourly	\$150
Virtual hourly	\$125
In-person eval	\$225
Virtual eval	\$200
Travel	\$1/mile over 50-mile round trip
Sliding scale annual income \$30k and under	50% off
Sliding scale annual income \$31k - \$45k	25% off

### Income-Based Sliding Scale Policy

Diverge Community Services holds accessibility as a core value for our neurodiversity-affirming care. We believe all folks deserve equal access to our services. To support this, we offer an income-based sliding scale for our private pay fees. **Our sliding scale rates are determined by the gross annual income for the financially responsible party as noted above.** These rates are subject to annual update based on the most current US poverty guidelines.

### Income Disclosure (Select 1)

- Annual Gross Income of Financially Responsible Party is \$30k or less
- Annual Gross Income of Financially Responsible Party is under \$45k but above \$30k
- Annual Gross Income is above \$45k



## Is Superbill an option for you?

A [superbill](#) is essentially a detailed receipt of the services you received that is recognized by insurance companies for reimbursement of out-of-network claims. Submit this superbill to your insurance company **after paying your invoice in full and potentially get reimbursed for your services.** *\*We cannot guarantee partial or full reimbursement for any services rendered using Superbill. Check with your insurer before using Superbill for the best shot at success.*

**I would like to receive Superbills following payment of my invoices**



## Is Superbill Right For Me?

Does my insurance cover outpatient occupational therapy services?

YES

NO

Do I have a diagnosis with an ICD-10 code? If ASD, am I 18 or under?

YES

NOT SURE

NO

Ask your doctor

**Definitely!**

*Ask your doctor for a prescription with the following information:*

- Your name and date of birth
- "OT Eval and Treat"
- Your ICD-10 code
- Therapy restrictions
- Their name, address, and phone number
- Their signature with date

**Probably Not**

*Call your insurance and advocate!*



*By signing below I certify that my income disclosure is accurate and that I have received, read, understood, and agreed to the entire contents of this fee schedule and agreement and had sufficient opportunity to ask questions.*

**Client/Guardian Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_