



Feeding Group Winter 2010

Thanks for showing interest in our therapy groups! Group therapy is a fun and successful way to target feeding skills in a social setting and to compliment individual treatment. Feeding issues may include food selectivity (type or texture), behavior problems, gagging or vomiting, or difficulty chewing. Enrollment is accepted on a first come, first serve basis. Please direct any questions to a speech therapist or the front desk. We look forward to your participation.

Each group's goals are determined based on the individual needs of each child in the group. Discussion between the therapist and parent, and completion of the food diary will help determine the child's needs.

Scheduling and Fees:

- Winter Feeding Groups meet once a week for 10 weeks.
- Each session is 50 minutes in length.
- The groups will begin the week of January 4th and will end the week of March 8th.
- Registration is due by December 21st.
- The cost of the winter group program is \$800 billed to insurance at the end of the 10 week session. Please consult your insurance company to determine if group therapy is covered (code 92508), since it is often not a covered service.
- An administrative discounted rate of \$600 is offered to families paying **in full in advance** and assuming responsibility for insurance reimbursement. The full amount will be charged even if every session is not attended.
- Groups may be cancelled due to low enrollment



Feeding Group Registration
Winter 2010

Summer Session Dates: January 4th . March 8th

Child's Name: _____

Child's Date of Birth: _____ Age: _____

Family Information:

Home Address: _____

Family e-mail: _____

Home Phone Number: _____

Cell Phone Number: _____

Please check services your child currently receives at KCD:

Speech-Language Therapy Occupational Therapy Physical Therapy

Group Schedule: *(Please check)*

Feeding Group

The day and time of feeding group will be based on interest and availability of the families involved. Feeding group may be cancelled for the winter session due to lack of interest. If you are interested in a group please fill out the form and let us know your availability. We will try to accommodate as many children as possible.

Days and times available for scheduling _____

Does your child have any food allergies or limitations we should be aware of? _____

Method of Payment: *(Please check one)*

I'd like to take advantage of the administrative discounted rate (\$600) to families who pay in advance. Insurance billing is the responsibility of the legal guardian. Payment is accepted in cash, check, or credit card and is due at the time of registration.

I'd like Kids Can Do, Inc. to bill my insurance at the rate of \$800. Payment is ultimately the responsibility of the legal guardian.

Parent/Guardian Signature _____