

**James Madison University  
Occupational Therapy Clinical Education Services**

Phone: 540-568-4980 Fax: 540-568-3886

**Mailing Address:**

755 Martin Luther King Jr. Way, MSC 9022  
Harrisonburg, VA 22801

**Physical Address:**

131 W. Grace St., Rm 1100  
Harrisonburg, VA 22807

**Getting Started Checklist**

*Please use this checklist to guide you in preparing for your initial visit to OTCES.*

**Schedule Your Appointment**

- Contact the James Madison University's Occupational Therapy Clinic via phone (540)-568-4980 or email ([colwelcl@jmu.edu](mailto:colwelcl@jmu.edu)) to schedule an appointment. Our therapists will return your call or respond via email within 24 business hours.

**Insurance**

JMU OTCES is a participating provider with the following insurances: Anthem BC/BS, Anthem Healthkeepers, Anthem Healthkeepers Plus, Southern Health, Cigna, Aetna, MAMSI, OneNet PPO, Stratose, United Health, Medicaid, Optima & Optima Health, and Virginia Premier.

- Contact your insurance provider, if applicable, to determine occupational therapy benefits (see *Recommended Questions for Determining Benefits* to assist with this process.)

**Physician's Order**

- Obtain a prescription/referral for occupational therapy evaluation and/or services from your child's primary physician. The prescription/referral can be faxed directly to OTCES (540.568.3886) by the referring physician and should include the requested services (i.e. OT evaluation and treatment) and a treatment diagnosis. (see *Physician Referral for Occupational Therapy Form*).

**Required Documents**

Please review and complete the following forms and documentation prior to your initial visit. These forms are available on our website (<http://otces.cisat.jmu.edu/>) or will be mailed upon request. Please bring these forms with you to your initial appointment.

- Clinical Case History Form (please include prior evaluations, IEPs, IFSPs, medical records, etc.)
- Informed Consent for Services Form (please review the OTCES Policies and Procedures & the Description of Services & Fee Schedule.)
- Acknowledgements Form
- Documentation of Receipt of Privacy Practices Form (please review the Notice of Privacy Practices.)
- Parking Permit Form
- Release of Information Form (if needed)
- Reduced Fee Application Form (if needed)
- Insurance card
- Emergency Care Form
- Patient's Rights and Responsibilities

**Thank you so much and we look forward to working with you and your family.**

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