

Consumer Information

Consumer Name: _____ Age: _____

Birth Date: _____ Telephone No: _____

Address: _____

Referred by: _____

Consumer's Medicare No.:

State Medicaid No.:

Insurance Information: (Primary)

Insurance Company Name:

Address:

Phone:

Policy/Group No.:

Insured's Name:

Insured's Birth Date:

Insured's Address:

Insured's Phone:

Insured's Social Security No.:

Insured's relationship to client:

Insured's Employer:

(Please complete other side)

Insurance Information: (Secondary)

Insurance Company Name:

Address:

Phone:

Policy/Group No.:

Insured's Name:

Insured's Birth Date:

Insured's Address:

Insured's Phone:

Insured's Social Security No.:

Insured's relationship to client:

Insured's Employer:

Other Financially Responsible Party

Name:

Address:

Telephone No.:

Relationship:

I authorize payment of medical benefits directly to Clinical Psychology Associates for services rendered. I understand and agree that the final obligation for payment lies with me and not with my insurance company, and I authorize Clinical Psychology Associates to release to my insurance company or to Transworld Systems, Inc. any information necessary to process health insurance claim or facilitate collection of fees.

Consumer Signature

Parent/Guardian

Relationship to Client

Witness

Date

Reason for Services

In your own words, please explain why you are visiting Clinical Psychology Associates.

Consent for Evaluation or Treatment

I hereby authorize Clinical Psychology Associates to provide diagnostic and/or treatment services for:

(Name)

I understand that I may withdraw this consent at any time. I have had an opportunity to review and ask questions regarding patient rights, and understand that I am entitled to a copy of these rights upon request.

Consumer Signature

Parent/Guardian

Relationship to Consumer

Witness

Date

Consumer Policies

FEES

Fees are discussed at the time of the initial evaluation. Usually the initial evaluation is 2-3 sessions and payment for the evaluation must be made at the time of service unless other arrangements have been made in advance. A session is considered approximately 50 minutes, and our hourly rate is for a 50-minute hour. Office visits, hospital admissions, reports, test scoring, telephone conferences, or prolonged therapy sessions are charged according to the time involved. Current hourly rates and fees are posted in the clinic waiting area, with copies available for consumers upon request.

INSURANCE

Our relationship with you is a personal one and a contractual one. The financial aspects are part of the contract between us. Insurance or other programs that pay for health care can help you fulfill your financial obligation. We do cooperate in filing your insurance claims, but the financial obligation for payment lies with you, not the insurance company.

We request that you contact your insurance company or other third party payor to determine your benefits for outpatient psychological and/or mental and nervous coverage. We suggest that you bring in your insurance card and benefits handbook with you so that we may assist you in this. If your insurance company requires a specific form, please supply our business office with it. This may be given to your therapist on completion of your evaluation, and arrangement for payment of fees should be made by the end of your first session.

Payment may be arranged in one of two ways: 1) If your health benefit program pays you, we will file your claim for you once you have paid us. 2) If paying us at the time services are rendered will cause further difficulties for you, we may accept payment directly from your insurance company. In such cases the uncovered portion of the fee is due at the time of each session. If your health benefit program does not reimburse us within 60 days, we ask you to pay the balance due.

APPOINTMENTS

Charges may be made for appointments that are not cancelled at least 24 hours in advance. Cancellation messages may be left with the answering service or on our voice mail system at any hour. We encourage open discussion of our policies including fees, insurance, and appointments.

Clinic Staff

Consumer or Representative

Date