

New Beginnings Counseling Services

Client Information

(Please Print, Complete and Bring To Initial Visit)

Date: _____

Client Name: _____

Social Security No: _____ Birth Date: _____

Spouse/Parent Name: _____

Spouse/Parent Social Security No: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____

Cell: _____ Email: _____

Names & Ages of Children: _____

Primary Doctor: _____ Phone: _____

List of Medications: _____

Church Attending: _____ Pastor's Name: _____

Who referred you to NBCS? _____

May we send a "Thank You" to your referrer?

Referrer's Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ School (Adolescent): _____

Address: _____

City: _____ State: _____ Zip: _____

Name/Address of nearest relative not living with you:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Use Only

Account Number: _____ Therapist: _____

DX: _____

Entered Medisoft: _____ Entered Organizer: _____ Sent Welcome: _____ Sent Thank You: _____

Special Person Profile: _____ Entered Word: _____ Miscellaneous: _____

New Beginnings Counseling Services Points to Discuss with Client

1. **NBCS** operates on a CASH basis (cash, check, VISA/MC), with client paying for services after each session.
2. We do supply client with all information necessary to submit their claim to their insurance, but coverage is not always guaranteed (**Anthem does not cover services**). Client is responsible for verification of benefits and submission of claims. Reimbursement by insurance is paid directly to client.
3. Sessions are \$85.00 per 50 minutes. Any time over 50 minutes will be prorated. If you do not wish your session to ever go over 50 minutes you are to negotiate this with Dr. Keffer.
4. We do expect a **24-HOUR NOTICE** of cancellation. If we do not receive a 24-hour notice, you will be charged \$85.00 for the session. Insurance does not cover missed sessions.
5. The needed testing we do is a vital part of client's treatment. Some tests are \$60.00 or more. When insurance does cover testing it is usually just a percentage if benefits apply. The client is responsible for cost at the time test(s) is/are administered.
6. Books and literature are not free, but are often a necessary part of your therapy. If you are given any kind of literature you will be responsible for payment.
7. If you become a part of a group session the charge is \$80.00 and payment is expected at the time group meets. Insurance usually covers a percentage of these sessions if benefits apply.
8. Drug/Urine Interpretations (DUT), when needed, are assessed a \$25.00 fee to interpret, providing client with results. There is also a charge for the test itself, with payment at the time of testing.
9. If necessary, in urgent or emergency situations, calls up to 10 minutes in length may be made to the counselor outside work hours at no charge. Extended calls will be charged at the following rates: ½ session fee for calls 10 to 30 minutes in length and full session fee for calls over 30 minutes. Insurance does not cover telephone contract if benefits apply.
10. There is a charge of \$100.00 for any legal letter that must be prepared for you or a family member.
11. There is a charge of \$300.00 for the first hour and \$100.00 for each additional hour for any court appearance made on your behalf.
12. If the bank returns a check, you will be charged for the amount of the check, plus any fees incurred by **NBCS** due to the returned check.

Payment of Services Policy

I understand that I am responsible for payment of services rendered in the office of **New Beginnings Counseling Services (NBCS)** on the day of service, which includes all staff. Furthermore, I understand that my insurance policy is a contract between the insurance company and myself and accept the responsibility of getting reimbursement from my insurance company. **NBCS** will provide all documentation necessary for submission to insurance company for reimbursement.

I understand that if at any time my account becomes delinquent and I fail to make payments as agreed, including other charges, **NBCS** reserves the right to demand immediate payment of the entire unpaid balance, plus any fees and expenses due to them. I also understand **NBCS** reserves the right to obtain a court judgment against me for the balance of my delinquent account. **NBCS** can also request judgment for, or charge directly for, any expenses incurred in collecting the delinquent balance, attorney fees, and any court costs. **NBCS** also reserves the right to take any other action permitted by law to collect any unpaid debt. **WE DO EXPECT PAYMENT AT THE TIME OF SERVICE.**

I have read in full the Introductory Information Sheet and fully understand all office policies and procedures. I agree to comply with these policies and procedures. **I UNDERSTAND I AM RESPONSIBLE FOR ANY DECISIONS I MAKE REGARDING MY LIFE.**

Signed: _____

Date: _____