**Client Cover Sheet**

**YOUR FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_**­­­

Do you prefer to be called something else?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**

STREET\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Accept messages?\_\_\_\_\_Text messages?\_\_\_\_

Any other phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Accept messages?

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Accept email?\_\_\_\_\_\_\_

**PLEASE try to fill this out entirely*. If you don’t know the answers, you can call the number on the back of your insurance card and ask all of these questions:***

**Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_**

**Member ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group number or place of business?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this policy under your name or someone else?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If someone else please provide their name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ their DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_and relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Do you have a deductible?\_\_\_\_\_\_\_\_\_\_\_\_

How much is it?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has it been met?\_\_\_\_\_\_\_\_\_.

What rate does your plan pay for mental health services per visit? $\_\_\_\_\_\_\_\_\_\_\_per session.

What is your copay for mental health?\_\_\_\_\_\_\_(this is the amount you are responsible for paying AFTER insurance pays their portion and your DEDUCTIBLE has been met. This is a number like 25.00, not a percentage.)

\*\*All of this information is available to you at your provider’s web address with your subscriber login, as well as by phone to the number on the back of your card. If you are unable to easily find this information, let me know as I am often able to gather it for you. I will usually be able to bill insurance for you if you have Blue Cross or Medicare. For other plans I may not be able to do so. Please discuss with me any questions you have about insurance billing. **It remains your responsibility to pay all contracted fees for my services.** As a courtesy to you I will file your claims for reimbursement whenever possible. Occasionally issues arise and claims are not paid or misinformation is gathered that causes sessions to remain unpaid by your insurance. If this occurs you will need to settle the unpaid portion with me directly and promptly.

***Reminder:***

Please take a moment to make sure my cell number: **301-806-0211** is in your phone or added to your books. Also, please note my email address kris@find-within.com. Always **contact me directly** for any therapy related matters such as; altering your appointment time, notifying me you are running late, or any other time sensitive, appointment or therapy related matter. I accept voice and text messages.

As per your contract, I ask that you provide as much advance noticeof any changes to your appointments as possible.

**I require 48 hours (business day hours) notice for cancellations**. **Again, call or text me directly 301 806 0211.** Please refer to your contract for more information about charges related to late or last minute cancellations. (Please do not use email to notify me of anything that is time sensitive as I can not check email during or between sessions.)