

FAMILY AND COUPLE THERAPY SERVICES, INC.

Primary Client Name: _____ INSURED Name (If different than client or Parent of Dependant Child.) _____

Social Security # - - - Social Security # - - -
Date of Birth / / Date of Birth / /

Street Address: _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____
Cell Phone () _____ Email _____

Primary Client is Male Female Student Single Married Divorced

What is your Occupation? _____

Your Therapist is: _____ **How did you hear about us?** Friend Minister Attorney
 Yellow Pages Former Client Insurance

ü The current fee per session with Family and Couple Therapy Services, Inc. is \$125.00

ü Payment to Family and Couple Therapy Services, Inc. is expected at the time of services.

ü Insurance companies may require **pre-authorization**. You must call your insurance company – we will assist you in this process – but **you are ultimately responsible for all charges**.

ü If we are billing insurance – we must have a copy of your current insurance card.

ü Insurance deductibles and co-pays – **must be paid at the time of service**.

ü **The client or client's insured member is responsible for the payment of the agreed upon fee in cases when insurance does not reimburse for services.**

ü If you must cancel an appointment, we require at least 24 hour notice – We maintain a 24 hour answering system that will record date and time called information. The late cancellation fee is \$65.00

A sliding scale fee may be available for some clients – ask for information.

I hereby authorize Family and Couple Therapy Services, Inc. to bill my insurance which may include release of medical information to process the claim. I also authorize payment to be

made to Family and Couple Therapy Services, Inc. I further affirm that I have received a copy of my Privacy Rights from Family and Couple Therapy Services, Inc.

Returned checks and balances older than thirty (30) days will be subject to additional fees and an interest charge of 1.5% per month on the outstanding balance. The additional fees include, but are not limited to attorney fees, court costs and out of pocket expenses associated with collection of delinquent accounts.

I have read and understand all the above information:

Signature:

Date:

Office: **410-838-2493** Fax: **410-838-2597** Email: factsinc@zoominternet.net
Web Site www.familyandcouple.com