



<p><i>For staff use:</i>          Provisional Dx: _____          Rates: Therapy _____ Grp _____          Therapist: _____</p>
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**CLIENT REGISTRATION** (please print)

Client's full name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (c) \_\_\_\_\_ (h) \_\_\_\_\_

Email: \_\_\_\_\_

Client Employer/School: \_\_\_\_\_

Referred By: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**FINANCIALLY RESPONSIBLE PARTY INFORMATION**

Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (c) \_\_\_\_\_ (h) \_\_\_\_\_

Will you be submitting for out of network benefits? Yes\_\_\_\_ No\_\_\_\_ Your statements and billing information will be available on the "Patient Portal" of our electronic Medical Record, Valant.

Insurance Company \_\_\_\_\_ Member # \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Client relationship to subscriber \_\_\_\_\_

I would like to be put on the TBCforCBT mailing list Yes\_\_\_\_ No \_\_\_\_

The rates for therapy vary from \$20.00 to \$180.00 depending on the level of experience of the therapist. Requests for scholarship rates will be considered at the consultation session. Group rates are paid monthly at \$60.00 a session for adults and & \$70.00 a session for the teen group. There may be a separate charge for excessive paperwork or other collateral contacts if needed beyond the allotted session time. Additionally I understand that my insurance may not reimburse me and that TBCforCBT will not bill the insurance company, but will provide an invoice to submit for reimbursement if requested. I understand that I am responsible for the full amount of my bill for services provided and there is a \$75.00 cancellation fee if the session is not cancelled within 24 hours of the scheduled time. There is no reimbursement for missed groups.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date