



**CLIENT REGISTRATION** (please print and bring to the session) Today's Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

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

Home Address: (street, city, state & zip) \_\_\_\_\_

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

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

**FINANCIALLY RESPONSIBLE PARTY INFORMATION**

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

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

Preferred phone: \_\_\_\_\_ (circle) work/cell/home

Place of Employment: \_\_\_\_\_

Are you interested in being on the TBC for CBT mailing list for newsletters? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be filing claims for out of network benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

Your billing information will be sent to you monthly on the "Patient Portal" of our electronic Medical Record, Valant. The rates for therapy vary from \$20.00 to \$200.00 depending on the level of experience of the therapist. Requests for scholarship rates will be considered at the consultation session. Group fees are paid per module regardless of attendance at \$60.00 a session for adults and \$70.00 a session for the teen group. We collect a credit card authorization form to keep on file for your convenience. There may be a separate charge for excessive paperwork or other collateral contacts if needed beyond the session time. Additionally, I understand that my insurance may not reimburse me, and that TBC for CBT will not bill the insurance company but will provide a "superbill" to submit for claims. I understand that I am responsible for the full amount of my bill for services provided and there is a cancellation fee of up to \$90.00 if the therapy session is not cancelled within 24 hours of the scheduled time. Signing this form indicates that I have been provided policies re: HIPAA and Informed Consent to Treatment and agree to both.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Responsible Party Signature Date TBC staff initials

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