

DEBBIE GROSS, LCSW, Ltd.

3255 N. Arlington Heights Road • Suite 502 • Arlington Heights, IL 60004

Phone: (847) 253-5352 • Website: www.debbiegrosstherapy.com

CHILD/ADULT INTAKE FORM AND TREATMENT AGREEMENT

Last Name:		Date of Intake:	
Client First Name:		Home Phone:	
Address:		Cell Phone Adult 1:	
City, State, Zip:		Cell Phone Adult 2:	
		Work Phone Adult 1:	
Email Address:		Work Phone Adult 2:	

Name	Birth Date	Work/School/Grade
Adult 1:		
Adult 2:		
Child 1:		
Child 2:		
Child 3:		
Child 4:		

If second household, provide family members' information and addresses below:

Name:	Home Phone:
Address:	Cell Phone:
Address Line 2:	Birth Date:
City, State, Zip:	How related?

Availability for appointments:

Mon. day?	Mon. eve?	Tues. day?	Tues. eve?
Wed. day?	Wed. eve?	Thurs. day?	Thurs eve?
Fri. day?	Sat. morning?	Sat. afternoon?	Sun. day?

How did you hear about our counseling services? Please specify.

Phone book:	Website:	Friend:
Previous Client:	Search Engine:	Other:
Professional:	Insurance:	

Reasons for seeking counseling:

For Office Use Only:

First appointment set: Day: _____ Time: _____

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INSURANCE INFORMATION AND TREATMENT AGREEMENT

Patient Name:	
Date of Birth:	
Phone:	

CHECK ONE OF THE FOLLOWING:

___ Out of network provider OR not submitting to my insurance, I understand I am responsible for all bills at the time of service.

___ Aetna, United Healthcare, United Behavioral Health contracted provider. I am responsible for all copays, deductibles, and any fees that insurance does not cover, provided that the bill is covered by insurance. I will notify you of any changes in insurance.

INSURANCE INFORMATION

Insurance Name:	Insured Name:
Address:	Insured Employer:
Address 2:	Insured Date of Birth:
City, State, Zip:	ID #:
Ins. Mental Health Phone #:	Group #:
Electronic Payor Code	Date of Start of Insurance:

FEES

Initial Appointment	90791	50-60 minutes	\$175
Psychotherapy, individual with or without family members	90834	45 minutes	\$160
Psychotherapy, individual with or without family members	90832	20-30 minutes	\$100
Psychotherapy, individual with or without family members	90837	55 minutes	\$175
Couples/Family Session	90847	45 minutes	\$160
Family Session without Patient	90846	45 minutes	\$160
Interactive Complexity (Parent update session, as example)	90785	Add-on	\$20
Psychotherapy for crisis	90839	60 minutes	\$175
School Meetings/Out of Office Appointments		60 minutes	\$175
Travel Time (for all out of office visits)		15 minutes	\$20
Written Reports/Treatment Summaries			\$175
Non-Urgent Pages/Phone Consults		15 minutes	\$50
After 5 p.m. or weekend appointment	99051	Add-on	\$25

Payment accepted: cash or check or charge (charge fees 3% if swiped, 4% if manually entered). If I do not give 24 hours notice to cancel an appointment, I am responsible for the full session fees, no insurance discounts apply, and these fees are not billable to insurance. If I feel there is an urgent issue that cannot wait for my appointment, I will page Debbie Gross, LCSW at 847-814-7447 If I am in a life-threatening emergency, I will go to the nearest hospital or call 9-1-1.

I understand the statements above and agree to the fee schedule and terms.

Patient (or parent) Signature

Patient (or parent) Printed Name

Date