



Client Name: _____ Male _____ Female _____

(First) (Middle initial) (Last)
Date of Birth: ____/____/____ Social Security Number: ____-____-____
(Not needed if client is a minor)

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Marital Status: _____ Spouse's Name: _____

Cell phone: (____) _____ Email: _____

I give Center for Solutions staff permission to leave a voicemail on the given phone number mailbox

Client Employer/School: _____ Work Phone: (____) _____

Who Referred You Here: _____

For Minors:

Child lives with: Both Parents _____ Mother _____ Father _____ Other: _____

Mother: _____ Address: _____
(if different)

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Home Phone: (____) _____ Cell Phone: (____) _____

Place of Employment: _____

Father: _____ Address: _____
(if different)

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Home Phone: (____) _____ Cell Phone: (____) _____

Place of Employment: _____

Insurance Information:

Primary Insurance Co.: _____ Member ID#: _____ Group #: _____

Policy Holder: _____ Date of Birth: ____/____/____
(First) (Middle Initial) (Last)

Social Security Number: ____-____-____ Employer: _____

Client's Relationship to Cardholder: Self _____ Spouse _____ Dependent _____

Secondary Insurance Co.: _____ Member ID#: _____ Group #: _____

Policy Holder: _____ Date of Birth: ____/____/____
(First) (Middle Initial) (Last)

Social Security Number: ____-____-____ Employer: _____

Client's Relationship to Cardholder: Self _____ Spouse _____ Dependent _____

Identification of other physicians/healthcare entities involved with my medical care whom I authorize ongoing release of information for continuity of care:

Primary Care/Referring Physician: _____ Phone: (____) _____

Address: _____ State: _____ ZIP: _____

I understand that (regardless of my insurance status) I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information provided on the office policies and have completed the above answers. I certify that this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.

Client Signature or Parent Signature if Client is a Minor

Today's Date



Welcome to Center for Solutions in Brief Therapy, Inc.

Our Mission

Develop a vision and goals for your life as you move forward into the future.

"Success is to be measured not so much by the position that one has reached in life as by the obstacles which he has overcome."

(Booker T. Washington)

Our Approach

Center for Solutions' approach is brief therapy which focuses on solutions not on problems, pathology, causes of problems or even how problems are maintained. Our approach facilitates realistic, achievable, specific, and behaviorally defined goals. Brief Therapy utilizes the importance of homework assignments, reframing, humor, and paradoxical tasks as facilitators for client-generated solutions.

Office Policies for Services Rendered

Updated to take effect on January 1, 2019

NEW AND EXISTING CLIENTS: Completion of new client forms, including the Credit Card Authorization Form, along with copies of insurance cards will be required beginning January 1, 2019.

At Center for Solutions in Brief Therapy, we require keeping a credit card on file to ensure payment for the portion of services that your insurance doesn't cover but for which you are liable. **Without this authorization, a paper billing fee of \$10/month will be added to your account PER MONTH for any balance that we must attempt to collect through mailing a statement. This requirement does not apply to Medicaid clients.**

In order to ensure that you have been informed about our office policies, we would appreciate that you review the following information and sign.

FINANCIAL POLICY

As a courtesy, Center for Solutions in Brief Therapy may verify your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan, if your claim processes differently from the benefits we receive, you are still liable for any balance. It is ultimately your responsibility to understand your benefits, to verify the provider or group is in network, and to pay any balance you may incur.

It is the policy of Center for Solutions in Brief Therapy that payment is due at the time of service unless other financial arrangements are made in advance. Copay amounts are due at the time of service and will be billed to the card on file. Plans with deductible amounts and/or coinsurance amounts will be sent to your insurance company to process. After your insurance processes the claim, the remaining amount owed will be charged to your card on file automatically. In the case of dual coverage, both policies will be billed prior to collecting payment from the patient.

Most insurance companies will send you an Explanation of Benefits (EOB) indicating your patient responsibility. If they are not sent to you, most insurance companies also have online access for their members to see the information. You can match your EOB to the charges on your account. You can also request a print out of your account through the front desk at our office.



We reserve the right to cancel your appointment or discontinue treatment if your account reflects an unpaid balance. If you are not able to pay for your services, we will assist you in locating an alternate community mental health provider who may be able to work with your financial situation.

Please ensure that up to date information is kept on file at all times. Accepting your insurance does not place all financial responsibilities onto this practice, and you will be held accountable for any unpaid balances.

Although we are contracted with most insurance carriers, our services may not be covered by your particular plan. **Please remember that you are 100 percent responsible for all charges incurred: your physician's referral and our verification of your insurance benefits are not a guarantee of payment.**

Your insurance company cannot be charged for no show or late cancel fees. Your signature indicates you understand that you are 100% responsible for these fees. Please be sure to review the no show/late cancel policy.

CREDIT CARD INFORMATION

Your credit card information is kept confidential and stored in a secure processing system. Center for Solutions in Brief Therapy will charge copay amounts at the time of service. Any remaining balances that apply toward deductible, coinsurance, copay or denials will be charged immediately after the claim has processed. Any overpayments will be credited promptly to the same card. Charges for no show or late cancel fees will also be charged to the card on file.

You may call our office to pay your balance over the phone or to obtain the forms to keep your credit card on file. You may mail in a check for payment, but any account that has a balance which results in a statement being mailed will be subject to the billing fee and outstanding balance charge.

What if I don't have a credit card?

If you do not have a credit card, you can continue to pay via cash or check either in person. However, if your account produces a balance and a statement is generated, you will be charged the \$10.00 paper statement fee. Therefore, it will be increasingly important to call in, check on your balance, and stay on top of it to ensure this does not happen. Knowing your benefits and paying before your appointment will also be helpful.

What if I already have payment arrangements on my account?

We will honor any payment arrangements that have already been previously set up and are being kept as promised.

What if I want to use my HSA account?

You can enter your HSA card on file to use as your credit card. You will be responsible for ensuring there are funds available to cover your fees. If your HSA card does not have funds available, you will need to use an alternate card.

What if I don't want to put my credit card on file?

If you do not put a credit card on file, you will need to be well aware of your benefits and ensure that your account is paid in full at all times. Copayments are due at the time of service and you may be required to pay your responsibility of any deductible or coinsurance.

What if you make a mistake on my account?

If you believe something is wrong with your account or charges, please do not hesitate to ask. We can always make an adjustment and refund any funds to your card if necessary.

General Policies

Confidentiality

- The therapeutic relationship is based on confidentiality. Neither the therapist/supervisor, nor any employee at Center for Solutions in Brief Therapy, Inc. will divulge information about any client without the client's written consent with the following exceptions:
 - When required by the individual's insurance, the client having signed a waiver when signing the insurance.
 - Information will be provided to the referring physician, when applicable.
 - When it is felt that the client is in danger or a danger to himself or others.
- The professional client – therapist relationship will remain so throughout therapy: dual relationships, (i.e. friend/therapist, business partner/therapist, etc.) are not permitted.

Online Practices

- Clients should use discretion when emailing or using technology (i.e. social media) to contact therapists as the internet is not guaranteed to be confidential and therapists may not receive emails/notifications as quickly as you would like.
- Clients in crisis should call 911. Clients may also utilize 1-800-SUICIDE or 1-800-273-TALK (For the deaf or hearing impaired: 1-800-799-4TTY).

Fees

- **After the first missed appointment, if you do not notify the office staff to cancel or reschedule your appointment, you will be charged \$50.00 no show fee.**
- **If you notify the staff less than 24 hours in advance to cancel or reschedule your appointment, you will be charged a \$25.00 late cancellation fee. We have a voicemail available 24 hours a day, 7 days a week to leave a message to cancel or reschedule your appointment.** This is necessary because there is usually someone waiting to be scheduled, someone who could have used the time slot that was reserved for you. Insurance companies will NOT allow us to bill them for any missed appointments. Therefore, when we do not have the benefit of a 24 hour notice, you will be billed directly for the missed appointment and will be responsible for paying the fee.
- If your account were to become past due, the person listed as being financially responsible for your account may be sent to our collection agency. **Any account that is over 90 days past due with no payment arrangements will be sent to collections. There is a \$25 collection fee if an account is sent.**

Payment

- **We will bill your insurance company as a courtesy to you. If your insurance company fails to pay for your services, you will be held responsible. Copayments are due at the time of service. If you are unsure of your insurance coverage and we are unable to verify your benefits, we will require full payment at the time of your visit until the exact amount of your co-payment is determined. We reserve the right to reschedule your appointment if you do not have your payment.**
- **We are extending the option to keep a credit card on file that is authorized for copayments and unpaid balances. Your credit card will be billed automatically.**
- In the case of divorce, the parent or guardian who is bringing the child in for services will be held responsible for payment, regardless of divorce decree.



Psychological Evaluations and Testing

- At Center for Solutions in Brief Therapy, Inc. we attempt to be comprehensive and thorough in the assessment of any given problem.
- Services are provided for psychological evaluation of possible learning disabilities, attention-deficit/hyperactivity disorder, developmental delays, personality/emotional issues, memory problems and weight-loss management.
- Your first visit will be an initial interview intake session. Testing will begin at the next appointment, with the exception of bariatric clients. Psychological testing is billed based upon time spent administering, scoring, and interpreting the testing materials. Your insurance may pay testing visits at a different rate than therapy sessions. The amount of time required to complete the process will be dependent upon the type of evaluation you are receiving. This will be discussed at the time of scheduling.
- Once the testing is completed, the client (or parent of) will meet with one of our psychologists to discuss testing results and recommendations. The psychologist will explain your options for receiving a full report and sending the report to your physician, school, etc.

Consent to the Use and Disclosure of Health Information for Treatment, Payment, and Healthcare

I understand that as part of my healthcare or the healthcare of my minor child, Center for Solutions in Brief Therapy, Inc. originates and maintains health records for describing my health history, symptoms, test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning and coordinating my care and treatment between providers.
- A source of information for applying my diagnosis and treatment information to my bill.
- A means by which a third party payer can verify that services billed were actually provided.
- A tool for routing quality improvement for services and providers.

I understand that I have the option to be provided a HIPAA Privacy Notice that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent and will ask the receptionist if interested. I understand that the Practice reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the Practice is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the Practice has already taken action in reliance thereon.

- I request the following restrictions to the disclosure of my health information
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Informed Consent to Receive Mental Health Treatment

I, _____, (Client Name or Parent/Guardian Name of Minor) hereby voluntarily consent to, and authorize, Center for Solutions in Brief Therapy, Inc. to render mental health treatment to myself and/or minor child. The treatment plan and/or form of treatment to occur will be discussed with me. I understand that I can, at any time, withdraw my consent in writing.



Your signature below indicates your understanding of our policies, your consent to receive treatment and your agreement to pay for services rendered.

Client signature or Parent signature if Client is a Minor

Today's Date

Thank you again for choosing Center for Solutions in Brief Therapy, Inc.

Do not hesitate to ask the office staff or your therapist if you have any questions. We are always happy to help!

Phone: (419) 885-5952 – Fax: (419) 885-7630
www.centerforsolutions.net

5600 Monroe Street, Suite 103B
Sylvania, OH 43560

8651 US 223
Blissfield, MI 49228