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	*Preferred Pronouns*	*Date of Birth*	*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:	

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	$120
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	$25
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