

# CENTER FOR POSITIVE PSYCHOLOGY

## NEW PATIENT INTAKE INFORMATION

Thank you for downloading this form from the Center For Positive Psychology website. By filling out this form correctly and completely and faxing to our medical billing provider contact listed below, we are able to quickly process this information within one to two business days after receipt. You will then be contacted to advise you as to whether or not we are able to accept your insurance or, if you may elect to pay directly. If your benefits are "Out of Network", please be advised that you are required to pay for your visit at the time of service and then it is your responsibility to collect directly from your insurance provider.

Full Name (including middle):	
Street Address:	
City, State, Zip Code:	
Cell Phone Number:	(circle one) OK / Not OK to leave message
Home Phone Number:	(circle one) OK / Not OK to leave message
Work Phone Number:	(circle one) OK / Not Ok to leave message
Email address:	
Insurance Plan Name:	
Member ID Number:	
Group Number:	
Claims Address (on card):	
Claims Phone Number:	
Date of Birth:	
Social Security Number:	
Medications:	
Co Pay listed on card:	
Pre-Authorization Required?:	(circle one) YES   NO
<b>EVERY FIELD MUST BE FILLED IN TO PROCESS</b>	

*I authorize Psyquel to verify my benefits. Signature: \_\_\_\_\_*

**Please fax this form to:**

**ATT: New Patient Verification**

**FAX# 210-694-1399**

**Please also fax this form to:**

Center For Positive Psychology

**1.973.559.9162**

**PLEASE BRING A COPY OF THIS FORM TO YOUR FIRST VISIT. THANK YOU!**

↓ FAX THIS DIRECTION ↓  
 TO: PSYQUEL NEW PATIENT VERIFICATION DEPARTMENT

## CENTER FOR POSITIVE PSYCHOLOGY CANCELLATION POLICY

To All Patients:

Part of the therapy process that is extremely important is continuity. Our goal is to set a time with you that you know you can make regularly and to keep those appointments in order to be able to effectively focus on your treatment and progress often made by working toward specific goals we set together. In particular, appointments from 4:30 to 8:40 are at a premium and there are constant requests for these dates either as a regular date or to make up an appointment from a similar time slot. When regularly scheduled patients miss appointments in that time frame, it not only loses a spot I could have filled, it is a disservice to another patient that, with notice, would have been delighted to take an open spot. For these reasons, we have a firm cancellation policy outlined below.

As a part of our cancellation policy, we require a credit card to be kept on file which we will charge for cancellations as well as co-pays not paid at the time of your appointment. Your signature below gives us permission to charge any outstanding charges to your card at the time such charge(s) are due. Missed appointments as further defined below are charged to your card directly and **not** to your insurance company. **All such charges** are your responsibility to pay at our standard rate. We cannot proceed with you as a patient without a credit card on file or some other form of deposit which we will gladly discuss with you. This is in addition to your filling out your patient information sheet and faxing it to our medical billing service at the fax number provided on the form. Both of these documents have to be completed prior to your first appointment being confirmed. The card provided must be either a card in your name or, if you are a legal guardian of the patient, it should be in your name. The front and back of the card should be copied or scanned and faxed back along with this form.

### CANCELLATION SPECIFICS:

- 1) Any appointment cancelled within 24 hours of the appointment time is charged for. There is a limited set of parameters for acceptable cancellation without charge not more than twice in a six month period. This includes serious illness or other bona fide emergency only as the reason for cancellation.
- 2) Cancellation same day will only be allowed once per six month period and only due to dire circumstances.
- 3) Cancellation per the above will result in a charge being placed on your card concurrent with notice of cancellation. In the event the card is declined, you will need to bring the full payment including the co-pay for the visit following the cancellation. In the event you do not bring the required payment, your regularly scheduled appointment is subject to forfeit and you will be given a new time for weekly appointments. If you are not able to make those times, it is possible that we will no longer be able to render services if you cannot make the time(s) available.
- 4) All "No-Show" appointments are charged at our standard rate regardless of circumstance unless you bring a doctor's note that shows you were both unable to make the appointment, **and** also unable to call to cancel. Your card will be charged at the time of the "no-show". In the event the card is declined, you will be contacted via email to provide a new card submitted on a new form you download and submit just as you did with this form. If you are unable to provide a replacement card, please contact our billing administrator [CFPSoffice@yahoo.com](mailto:CFPSoffice@yahoo.com) to arrange to provide payment. The billing email address is for billing related items/issues only. It is not to be used for any other form of communication with CFPS including making or cancelling appointments or any other issues. **Without this payment, your normally scheduled time will be given to another patient and a new regular weekly time will be given to you.**

5) Payment by check for any and all fee's that may become due is acceptable. There is a \$35.00 fee for any returned checks. Once a check is returned once, checks are no longer acceptable as a form of payment. Cash is also accepted at the time of service.

6) All co-pays are due at the start of your appointment. Please have your co-pay in hand at the start of the appointment and hand to the provider at the time of service. If you do not have it, please advise of this at the start of the appointment not at the end. A receipt will be provided to you.

Thank you for your understanding of our policy. This policy is based upon substantial experience with patients missing appointments, no-shows, and other cancellation events. This policy helps you as a patient by ensuring we as a provider maintain strict practice standards that will help you have appointments available, and more importantly, have certain opportunities to make up appointments or to add an appointment last minute when you might request one.

Sincerely,  
C. F. P. S.

By signing in the space provided below I am authorizing Center For Positive Psychology/Dr. Victoria Wilson to charge my credit card for any Co-Pay I do not pay at the time of service and for any appointments canceled as defined in the above cancellation policy. I understand that my card will be charged and a notice will subsequently be emailed to me advising me as to the nature of the charge(s). Card provided must be in same name as Patient unless Patient is a minor.

Name On Card: \_\_\_\_\_  
CARD# \_\_\_\_\_  
Date of Expiration \_\_\_\_\_  
CVV Code \_\_\_\_\_ (4 digits on front of Amex, 3 digits on back of Visa/MC)

Relationship to Patient if not patient's card: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature/Date

**PLEASE FAX THIS DOCUMENT TO: 973.559.9162**

# **Clinician-Patient Agreement and Financial Responsibility**

Please read and *sign two copies*. Keep one for your records

**Center For Positive Psychology** is a business facility where a number of mental health professionals practice. **Each therapist is an independent practitioner. Your contract for services is with your therapist only and does not include a contract with any of the other therapists at this site.**

## **Rights and Risks:**

- You may ask questions about any aspect of the counseling process.
- If you have been referred by a court or state agency, you have the right to divulge only what you want to be included in a report.
- Therapy is most effective when you are open and can speak honestly about your emotions and experiences.
- Therapy may include talking about emotionally provoking subjects and scenarios.

## **Confidentiality:**

- Information shared by you in session will be kept confidential.
- Information will not be released without your written consent, except for professional consultation if needed and unless required by law.
- I am required by law to disclose information pertaining to suspected child abuse, the inability to care for one's basic needs for food, clothing or shelter, and threatened harm to oneself or others.
- The court may subpoena counseling records.
- It is understood that information regarding treatment and diagnosis may be provided to an insurance company.
- You may want to discuss further limits or exceptions of confidentiality.

## **Appointments:**

- All office visits are by appointment and may be scheduled through the office manager or your counselor directly.
- Please arrive on time, as you use up your own time when you arrive late for an appointment. The usual length of an appointment is 50 minutes.
- **Late cancellation (less than 24 hours before) and/or no-show appointments are billed to the client for the full amount.** The specifics are outlined in the New Patient Intake form that prints with this form and also available separately via our website. In the case of illness, please notify us no later than 9:00 a.m. the day of the appointment. Please leave a message if you get voice mail. If your appointment is cancelled or missed, contact the office for a new appointment time. Insurance companies will not pay for no-show charges or late cancellation charges or for telephone consultations. You as the patient are responsible for all such fee's and agree to pay them or make arrangements to pay them at your next office visit. In the event you do not return for ongoing therapy, you will be billed and agree to be responsible to pay for any services received including telephone consultations.

## **Fees:**

- **The client portion (co-pay) of fees is due at the time of service, at the start of the session.**
- Your health insurance *may* help you recover some of your counseling costs. Most group policies, but only a few individual policies cover outpatient psychotherapy. Please verify with your company the amounts of coverage for outpatient psychotherapy by licensed professionals. If your policy requires preauthorization to receive services, it is your responsibility and needs to be handled prior to your first visit. Without a written pre-approval in hand, your fees are due in full prior to the start of your session(s) including the co-pay. You can then seek reimbursement through your policy.
- Insured clients are expected to take care of their fees as services are rendered. Our office will bill your insurance company for services provided. You will receive a statement each month reflecting any balance due on your account. This office cannot accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim. You are responsible for payment (and insurance claims) on your account. ***Failure to pay your part may jeopardize your benefits. Copays are not negotiable.***

**Please also fax this form to:** Center For Positive Psychology **1.973.559.9162**

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- Clients paying on a cash basis, and not billing any insurance company are expected to pay in full at time of service unless a payment plan has been previously arranged.
- Except in the case of minors or when other arrangements are made, the person receiving the counseling service is financially liable.
- Accounts become delinquent after thirty (30) days. **Accounts 90 days and/or six sessions in arrears will be terminated**, whichever occurs first.
- Any change in my financial situation I will discuss with my therapist. In the event you find it necessary to change mental health providers and require records to be sent from **Center For Positive Psychology** your account will need to be paid in full prior to the transfer of records.
- I understand that my therapy fees are my personal responsibility and that the failure to pay all fee's will result in a small claims court filing and will include all fee's due, interest charges as allowed by the Court, and any and all costs of collection which will also include fee's charged by a collection agency (which typically add 1/3 to the amount owed) or the Therapist hourly rate if the Therapist attends court instead, in addition to legal fee's if applicable.
- I understand that in the event my insurance provider sends payment(s) to me that are intended to pay for services rendered by my Therapist, it is my legal obligation to immediately turn over such payment to my Therapist, and that keeping the payment is a fraudulent act which may carry penalties other than financial.

I have read, understand and agree to the above policies. I have been offered a copy of these policies to take with me if desired. I hereby authorize **Center For Positive Psychology** and my therapist to release any information acquired in the course of my therapy to my insurance company (if client is a minor, parent or guardian sign). I understand my insurance coverage is a relationship between me and my insurance company, and I agree to accept financial responsibility for payment of charges incurred. I understand that a re-billing fee/financial charge complying with NJ State Law will be applied to any overdue balance, and in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required including out of pocket expenses incurred in connection with this matter. I have read and/or received a copy of **Center For Positive Psychology's** Privacy Policy. \_\_\_\_\_ (initial here)

I understand that by returning for additional therapy sessions, my financial obligation(s) continue. By returning for additional therapy, I am doing so of my own free will and without any dispute as to prior services provided. The fee structure is as follows:

<b>Initial Interview</b>	<b>\$200.00</b>
<b>Session Fee (50min)</b>	<b>\$160.00</b>
<b>No-Show or Late Cancellation</b>	<b>\$160.00</b>
<b>Returned Check Fee:</b>	<b>\$ 35.00</b>

**After signing below please hand to your therapist or fax to us at 1.973.559.9162**

**Client(s) Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergencies:**

The best phone number is 973-239-2345. If you receive the voice mail, please leave a message for your counselor. Your counselor may be on the phone, in therapy with someone else, or out of the office. In a crisis situation, and your therapist cannot be reached you may **call the 24-hour Mental Health Crisis Line: (973-831-1870 or 1871) or the Suicide Prevention Hotline (1-800-784-2433), or go immediately to your local hospital emergency room.**

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↓ **NOTICE THIS DIRECTION** ↓