Davis Massage & Wellness
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CLIENT REGISTRATION FORM

Name:_____ **Today's Date:** _____

Date of Birth:_____ **Referred by:** _____

Preferred Pronoun(s): _____

Address: _____

City: _____ **State:** **ZIP:**

Email: _____ **Okay to contact me there:** Yes No

Phone#: _____ **Okay to CALL me there:** Yes No

Okay to TEXT me there: Yes No

BILLING INFORMATION

Name of Subscriber: _____

If the client and the Subscriber are not the same person:

Relationship to the Subscriber:_____ **Their date of birth:** _____

Name of Insurance Co. _____ **Phone#:** _____

Claims Address: _____

I.D./Policy#: _____ **Group#:** _____

Co-Pay Amount: $ _____ **Deductible:** Met Not Met

I authorize the release of any medical information necessary to process this claim.
Signature:_____ **Date:** _____

I authorize payment of my medical benefits for services provided.
Signature:_____ **Date:** _____

<u>Credit Card Information (for payment of fees):</u>

Credit Card Type Visa / Master Card / Discovery *(please circle)*

Credit Card Number_____

Expiration Date _____ **Security Code (CVV)** _____**ZIP Code** _____

Name (as it appears on your card)_____

Signature of Cardholder _____ **Date** _____

Current Medications, over the counter medicines taken regularly, and supplements:

_____

_____

_____

POLICIES

Contact information: Please contact me by phone or text for scheduling appointments and for cancellations. I make every effort to respond within 24 hours, except for weekends, or holidays. Since email is not fully confidential, my preferred way to communicate is through telephone calls.

Missed and canceled appointments: Inclement weather, sudden injury or illness, and emergencies come up occasionally. These situations may provide exceptions to the following:

1. If you need to cancel an appointment, I require a **minimum** of 24 hours notice (by phone or text ONLY) so that I can schedule other people waiting for appointments.
2. You will be charged the full price of your appointment if the cancellation is received with less than 24 hours' notice. These fees are your responsibility, are permitted by your insurance policy, and are *not* billable to your insurance policy.
3. All billed fees must be paid in-full prior to (or at the beginning of) your next appointment.
4. Insurance company policy also requires supporting documentation related to the incident (the missed/canceled appointment) be noted in your records.

"I understand that most third-party payment sources, such as insurance companies, do not pay for missed sessions and thus I am solely responsible for the full price. I understand the fees are subject to change. These fees are my responsibility, are permitted by my insurance policy, although not billable to my insurance policy."

By signing here, you agree to the aforementioned policies and understanding:

Signature:_____ **Date:** _____

Late arrivals: If you arrive late to your appointment, please note that we must still end on-time with respect to the next client, and the full fee for your scheduled session will be due.

Fees: My rate is $100.00/ hour, and sessions will be 50-60 minutes. Depending on your plan, either full or co-payment is expected at the beginning of each session. If any changes happen to my fees, you will be notified.

Insurance coverage: Co-pays and out of pocket expenses are your responsibility and due at each appointment. I accept cash, credit cards, and local checks. There is a $35 fee for any checks returned unpaid. If you have a Managed Care plan, you are responsible for getting the required authorization for mental health services. Coverage for my services will fall under "Supervised Practice". You are responsible for notifying me of any changes in your coverage and/or if you have met your deductible. Insurance can be billed for psychotherapy only and does not apply to any other service I provide.

Multiple Services: If you are a new psychotherapy client, and have not seen me for bodywork, please note: I require a minimum of 25 sessions before I will consider bodywork. We can have a discussion about the connectivity of mind and body, and only until I determine we have explored and identified the causal somatic issues, and any historical events that may trigger confusion about each of our roles in your treatment, will I consider adding bodywork to your care. If you are an existing bodywork client adding psychotherapy to your wellness routine, I reserve the right to delay future bodywork sessions in the event we begin exploring potential somatic triggers or trauma history that might complicate our professional relationship. In both scenarios, my intention is to protect you during the discovery process that occurs in therapy.

Privacy of Records and Information Release for Billing Purposes:

"I acknowledge the use of a billing platform (*My Clients Plus*) for billing those charges to my insurance company, and that all claims are submitted electronically."

If necessary, I authorize Susan Davis to contact my insurance company to check on the claims submitted for payment of services.

Signature:_____ **Date:** _____

Assignment and Release: I am currently working toward my Master's level licensure and am supervised by Gordon Petersen, MSW, LICSW, CEAP at Workplace Solutions. To bill your insurance for appointments with me, please read and sign below:

I hereby authorize my insurance benefits to be paid directly to Gordon Petersen, MSW, LICSW, CEAP for my sessions with Susan Davis, MSW, and acknowledge that I am financially responsible to Susan for any unpaid balance and fees. I also authorize the release of information needed to verify the medical necessity for my evaluation and treatment to my insurance.

Signature:_____ **Date:** _____