

## **Teton Behavior Therapy Camp Intake** **Patient Financial Policy & New Client Information**

Thank you for choosing Teton Behavior Therapy. We are committed to building a successful relationship with you and your family. Please let us know if you have additional questions after reading this. We look forward to working with you!

**Teton Behavior Therapy Location:** 1490 Gregory Lane, entrance at side door that faces Gregory Lane, office is upstairs on the left. Building is on the corner of Gregory Lane and High School Road. Please park in 2nd parking lot (lot is close to the garage) or on the street. Camps are held at various locations.

**Payment/Insurance Information for general counseling:** Camp fees vary. Wyoming camps start at \$110/day, Idaho camps start at \$85/day unless you have agreed on another rate with a staff member.

**Financial Assistance:** We work with every family to make sure that finances do not stand in the way of getting them the help they are looking for. We are willing to set up a discount plan for clients in financial need. To set up a discount plan or for any insurance questions or concerns, please contact Sheila, our Billing Manager, at [sheila@tetonbehaviortherapy.com](mailto:sheila@tetonbehaviortherapy.com) or 317-979-6509.

**Client Financial Responsibility:** If no insurance is to be filed by us, or if we are not a participating provider in your insurance plan, the client is responsible for payment. Co- payments, deductibles, co-insurance and payment for non-covered services are due at the time of service. Any outstanding balance, after insurance has paid, will be invoiced to you on a statement. We accept cash, checks, and all major credit cards.

**Missed Appointments:** We understand illness and unexpected events, but we request the courtesy of a 48-hour notice of cancellation. Multiple missed appointments without notice will result in a charge from the practice.

**Paperwork:** Attached you will find the initial intake paperwork. You can feel free to print these out and bring them with you to our first session. If you forget or do not have access to a printer- don't worry, you can fill them out when you arrive.

**Acknowledge of Receipt:** I have read, understand and agree to Teton Behavior Therapy's financial policy.

Patient / Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTAKE FORM**

**Client Information**

**Client's Full Name:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mobile Phone \_\_\_\_\_ May we leave a message at home? Yes No

Home Phone \_\_\_\_\_ May we leave you a message at work? Yes No

Work Phone \_\_\_\_\_ (important if counseling is for a child)

E-mail \_\_\_\_\_ Do you prefer email or text reminders? \_\_\_\_\_

**Responsible Party:**

Who is/are the primary legal guardian(s) \_\_\_\_\_

Address if different than above: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email of one or both gaurdians: \_\_\_\_\_

Please initial for voicemail, text, or email reminders: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Name & Address if guardian does not reside with client: \_\_\_\_\_

**Emergency contact information**

Contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Goals for camp**

Can you please list a few things you would like to accomplish or address?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please list any additional information or concerns that you think would be good for staff to know (Feel free to write on the other side of this page)**

### Payment/Insurance Information

*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.*

**Preferred payment method:** cash/check credit card other: \_\_\_\_\_

**Does client have Medicaid?** Yes No **If yes, Medicaid #** \_\_\_\_\_

**Is anyone in family receiving Crime Victims Services?** Yes No

**Would you like us to submit these claims to insurance?** Yes No

**\*\*We highly encourage a credit card number to keep on file for convenience of co-pays, payment, or missed appointments (an email will be sent for missed appointment charges):**

\_\_\_\_\_(Initial) I approve of TBT charging this card for co-pays or session fees at the time of each session.

**Credit Card #** \_\_\_\_\_

**Name at it appears on card:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_ **CVV code:** \_\_\_\_\_

**Billing address and zip code:** \_\_\_\_\_

\_\_\_\_\_

### **Insurance Verification**

Please supply us with a photocopy of the back and front of your insurance card or we can copy your card in the office in order to submit to your insurance.

**Primary Insurance:** We file claims with the client's insurance upon the submission of proof of insurance. If the client cannot provide documentation, payment is due at the time of service. Upon receipt of the insurance card, we will submit the health insurance claim form indicating client payment at time of service.

**Secondary Insurance:** Claims will be filed with secondary insurance if adequate information is received at the time of service. However, if payment is not received in our office within 45 days after filing, the responsibility will be transferred to the client and due upon receipt.

Please call your insurance company prior to your initial appointment. You can usually locate the phone number for Mental Health/Substance Abuse and/or Behavioral Health information on the back of your insurance card.

**Insurance Company Name:**

\_\_\_\_\_

**Policy Holder's Name:** \_\_\_\_\_ **DOB of policy holder:** \_\_\_\_\_

**Address of policy holder:**

\_\_\_\_\_  
\_\_\_\_\_

**Insured's ID:** \_\_\_\_\_ **Group ID:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Telephone Number for Benefits:** \_\_\_\_\_