

Client Registration

Client(s) Full Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone (Home): _____ Cel(s): _____ Work: _____

E-Mail: _____ Sex: Male _____ Female: _____

Client Employer / School: _____ Date of Birth: _____ - _____ - _____

Age: _____ Referred by: _____

Person to Contact in an emergency: _____ Phone: _____

Financial Agreement

*Intakes: (90 minutes) \$265 cash, check, Zelle, or Venmo

\$275 if paid by Visa, MC or Discover

*Therapy or Intake Session: (45-50 minutes) \$135

I reserve the right to deny requests for written reports or for copies of the clinical records within the limits of the law. However, in the event that I am required to write and/or submit any reports or documentation to any party or participate in court proceedings the client will have financial responsibility at the rate of \$150.00 an hour.

- I understand that I am legally responsible for all fees due to New Paths Counseling.
- I acknowledge that if I desire to seek reimbursement from my insurance company for counseling services, I am required to submit my own claims unless New Paths Counseling or its employees are listed as in-network providers.
- I acknowledge that I am responsible for paying for services at the conclusion of each session.
- I acknowledge that I am responsible to pay the full session fee for missed sessions and sessions not cancelled 48 hours in advance.
- I acknowledge that I have been informed and encouraged to ask and discuss any questions I may have about policies, procedures, grievances and treatment plan and or method(s) with Katherine Bogushesky, MC, LPC

Client signature _____

Date _____

Guardian signature _____

Date _____