



PRIMARY INSURANCE: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
CARDHOLDER'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ MEMBER I.D.: \_\_\_\_\_ GROUP #: \_\_\_\_\_  
AUTHORIZATION: \_\_\_\_\_ COPAY: \_\_\_\_\_  
SECONDARY INSURANCE \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
CARDHOLDER'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ MEMBER I.D.: \_\_\_\_\_ GROUP #: \_\_\_\_\_

**ASSIGNMENT: I authorize payment of benefits to the therapist for services described.**  
Signed: \_\_\_\_\_

**RELEASE: I authorize the release of any information necessary to process this claim.**  
Signed: \_\_\_\_\_

**EMERGENCY CONTACT:**

\_\_\_\_\_  
Friend or nearest relative not living with you. PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

COUNSELING SESSIONS USUALLY LAST 60 MINUTES. THE INITIAL 75 MIN. ASSESSMENT IS \$150.00. AFTER ASSESSMENT THE STANDARD 60 MIN. SESSIONS ARE: **\$140.00** FOR INDIVIDUAL, **\$150.00** FOR COUPLES, **\$160.00** FOR FAMILY. LONGER SESSIONS ARE AVAILABLE FOR AN ADDITIONAL CHARGE. HALF HOUR SESSIONS ALSO AVAILABLE: Individual - **\$80.00** Couples - **\$90.00**

I AGREE TO ACCEPT RESPONSIBILITY FOR PAYING ALL CHARGES IN FULL UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. **24 HOURS NOTICE IS REQUIRED** FOR CANCELLATION OF APPOINTMENTS IN ORDER TO AVOID SESSION CHARGE. I UNDERSTAND AND AGREE TO THESE CONDITIONS.

PLEASE MAKE CHECKS PAYABLE TO: **JUNE TIMBERLAKE** Thank you

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Client or Parent/Guardian of Minor

WITNESSED: \_\_\_\_\_

**\* PAYMENT IS COLLECTED BEFORE THE COMMENCEMENT OF THE SESSION.  
PLEASE HAVE YOUR PAYMENT READY BEFORE YOU COME IN. THANK YOU.**