

Welcome! In order to save time at our first session, please take a few minutes now to read and complete this form. All information you provide will be kept strictly confidential.

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

Your Mailing Address where I may send statements to you if necessary:

_____ City State Zip

Telephone Numbers where I may reach you if necessary:

Preferred number: _____

Other numbers: _____

In what ways do you hope that I can help you? _____

Have you been in psychotherapy before? Please describe:

About Payment: The fee for a 50-minute session is \$175, or \$210 for 60 minutes. Longer sessions are prorated (e.g. \$280 for 80 minutes, or \$350 for 100 minutes). I ask that you pay at each session unless we have made other arrangements. If you could be ready with payment at the start of the session, that will prevent us from spending valuable session time handling payment.

About Insurance: If you wish to use insurance, I will send you itemized statements suitable for you to submit to your insurance plan for its reimbursement to you. **I do not bill or collect from any insurance plan.** You are responsible for handling all billing and payment-collection issues with your insurance plan.

Any Questions: If you have questions or concerns about any aspect of our work, please feel free to ask me at any time. I look forward to working with you.