

CompassionWorks

Jordan Shafer, MS, LPC

(972) 342 2448

(972) 527 9563 (fax)

CLIENT INFORMATION

Today's Date _____ Cell Phone _____ No Message
Client Name _____ Home Phone _____ No Message
Address _____ Business Phone _____ No Message
City, State, Zip _____ Email _____
Sex M F Age _____ Birthdate _____ Single Married Separated Divorced Child
Occupation: _____ SSN: _____
Employer: _____ Education (highest grade completed or degree) _____
Employer Address _____
Person financially responsible & relationship to client (if different) _____
Phone number _____ Birthdate _____
Household Members (Include Name, Relationship, and age):

INSURANCE COVERAGE

Insured Name _____ ID Number # _____ Birthdate _____
Insurance Company _____ Phone _____
Insurance Address _____
Group # _____ Subscriber # _____ Authorization # _____

EMERGENCY CONTACT

In the event of an emergency, whom should we contact?

Name _____ Relationship _____
Phone Numbers _____

MEDICAL INFORMATION

Have you previously received any type of Mental Health Services? _____ Y _____ N, If yes, When? _____

Where? _____ With Whom? _____

Current Medication and Dosage _____

PCP or Prescribing Physician _____ Phone _____

Office Location _____

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RATES

Services are billed at the following rates:

50 minute sessions are \$90.00

90 minute sessions are \$135.00

Group sessions are \$50.00

Late Cancellation/No Shows are \$90.00

Court testimony is \$200.00/hr with a prepaid retainer fee of \$1500.00

Insurance rates and co-pays are as contracted with the insurance provider

LEGAL CONSULTING UNDERSTANDING

This office does not do custody evaluations or make recommendations regarding custody agreements or legal marital issues. Counseling, consultation, and psychotherapy is often provided to children and adults who are making changes in their lives or dealing with difficulty in a life situation.

In order to protect the confidentiality of all parties involved, neither testimony nor summary of sessions for the purpose of custody or divorce issues will be provided. The content of any session will not be discussed with any legal representative.

If, however, a subpoena to testify or provide session information is ordered by a presiding judge, the fee to the party demanding such services will be \$200 per hour for all activity related to providing such a service including travel, etc. A retaining fee of \$1500.00 must be prepaid.

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24 HOUR - CANCELLATION POLICY

The session charge is \$90.00 per hour. (Clients with insurance are charged according to contracted rates set by their insurance provider.)

I understand that changes or cancellations made with less than 24 hours notice are subject to the late cancellation fee of \$90.00. If you wish to cancel or change a scheduled appointment, please call the Appointment Desk, giving 24-hours notice. The number to call is (972) 342-2448.

Please be aware that your appointment time is a time-slot reserved and set aside for you, and a late cancellation makes it unlikely that your time can be filled

Late Cancellations, for any reason, and Missed/No-show appointments, for any reason, incur a \$90.00 charge, and are the full responsibility of the client. This is true for appointments such as EAP, and those covered by insurance; appointments, such that, if attended would not have a personal out-of-pocket cost, or for which there would be a co-pay only.

Signature of Client

RELEASE AND ASSIGNMENT

The information that I have given is correct to the best of my knowledge. I understand that it will be held in the strictest of confidence, and it is my responsibility to inform this office of any changes in my or my family's medical status.

I certify that I or my family member(s) is covered by insurance with:

and assign directly to *Jordan Shafer, MS, LPC*, all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Jordan Shafer to release all information necessary to secure the payment benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

Signature of Insured/Guardian

Date