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## Patient Registration

(PLEASE PRINT) Date: ...../...../.....  
mm/dd/yyyy

Patient's Full Name: .....

Home Address: .....

City: ..... Prov: ..... Postal Code: .....

Home Phone: ..... Sex: ..... Age: ..... DOB: .....

If Student: ES: ..... HS: ..... College: .....

Family Physician: ..... Referred by: .....

Person to Contact in Emergency: ..... Relationship: ..... Phone: .....

### PARENTS

Name of Parents: .....

Home Address: ..... Home Phone: .....

Work Phone: .....

### Are you currently involved with: (check)

Children's Aid Society  Mental Health Clinic  Court

Children's Mental Health  Probation

### OFFICE BILLING & INSURANCE POLICY

- I understand that I am responsible for the full amount of my bill for services provided.
- Payment is due after each session, preferably by cheque.
- Post-dated cheques are acceptable but only within a 2 week time frame.
- Approval is required prior to the initial visit for special payment arrangements.
- Fee Schedule:

Assessment	\$130/hr ( 8-10 hrs generally)
Psychotherapy and consultations for diagnosed disorders e.g mood disorders, psychotic disorders, anxiety disorders, conduct disorders, developmental disorders etc.	\$130/hr
Play therapy, Brief Solution Focused therapy, Hypnotherapy	\$85/100.hr



Name: ..... (Please Print)

Signature: ..... Date: .....

### I UNDERSTAND AND AGREE TO THE FOLLOWING:

- It is my responsibility to seek reimbursement through my insurance company. (Stevenson, Waplak & Associates will provide an insurance letter for submission to the insurance company on the date of the first visit.
- There will be a \$25 service charge on all returned NSF cheques.
- In the event that my account goes to collections, there will be a 20% collection fee added to my balance.
- Interest charges of 1.5% per month will be applied to any invoice unpaid over 30 days.
- There is a 24-hour cancellation policy that requires me to cancel my appointment 24 hours in advance between the hours of 8:30 a.m. and 5:00 p.m. Monday through Friday to avoid being charged. (up to \$50)



Signature: ..... Date: .....