

Family Counseling Associates of Andover, LLC

12 Essex Street | Andover, MA 01810

NEW CLIENT REGISTRATION FORM

Date: _____

Date of Birth: _____

Client Name: _____

Client Address: _____

City: _____ State: _____ Zip: _____

Best Telephone: _____ Email: _____

Parent or Guardian Name: _____

(If Applicable)

Emergency Contact: _____ Relationship: _____

Relationship: _____ Emergency Contact's Phone: _____

PCP COMMUNICATION AUTHORIZATION

I would like FCA to inform my Primary Care Physician that I am receiving mental health services:

YES NO (if NO, skip this section)

Name of PCP or Practice: _____

Address: _____

Phone: _____ Fax: _____

Communication Authorization: I authorize Family Counseling Associates of Andover, LLC to disclose and/or obtain information from the above mentioned physician or medical office. The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services. I understand that I have a right to revoke this authorization, in writing, at any time.

Signature of Client/Guardian: _____

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TREATMENT AGREEMENT

I attest that I have requested mental health services with FCA, LLC. Please check the appropriate selection:

I will utilize my health insurance for service. I authorize the office of Family Counseling Associates of Andover, LLC to bill my health insurance carrier on my behalf.

I will self-pay for service at a rate of \$_____ per session.

Date

Client [or Guardian] Signature

NOTICE OF PRIVACY POLICY

My signature below indicates that the “Notice of Privacy Practices” was available for my review, and is also available at www.fca-andover.com. I am aware that I can also ask my clinician for a paper copy. I understand that I may ask questions about the information outlined in the Notice at any time in the future.

Date

Client [or Guardian] Signature

COMMUNICATION CONSENT

I give permission to FCA of Andover to contact me at the phone number(s) or email listed on this Client Registration Form. If I am not available, I authorize Family Counseling Associates to leave a message on my voicemail. My signature below indicates that I am aware that the “Electronic Communication Policy” is available for my review at www.fca-andover.com. I am aware that I can ask my clinician for a paper copy.

Date

Client [or Guardian] Signature

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Initial Evaluation	\$175 per 50-60 minute session
Individual	\$140 per 45-50 minute session
Couples and Families	\$160 per 50-55 minute session

SERVICES NOT COVERED BY INSURANCE

Written Report or Letter	\$75 per page
School Conferences	\$200 per hr. (plus travel time)

Telephone / Email Communication:

Telephone and email communication with your clinician is not covered by insurance. There is no charge for brief, routine phone calls or emails (less than 10 minutes) between a client and their clinician to discuss scheduling, billing, or brief progress updates. However, longer correspondences between a client and clinician, as well as all collateral correspondences, will be billed at a rate of \$25 per 15 minutes. This fee also applies to all paperwork clinician's complete on behalf of clients. _____(initial)

Cancellations / No-Shows:

A 24-hour advance notice is required for all cancellations. No-shows and late cancellations (less than 24-hour notice) will result in a fee of \$70 which is payable before subsequent sessions can be scheduled. *This fee is not covered by insurance.* _____(initial)

Payment Policy:

All session payments and copayments are to be made at the time of each visit. Statements of balance will be sent out at the end of each month. Payment in full is due within 30 days unless an alternate agreement is made in advance. All delinquent accounts will be sent to collections. _____(initial)

Insurance:

Notify us immediately of any changes to your health insurance coverage. It is your responsibility to keep your medical insurance information updated. Clients will be responsible for paying all claims that are not reimbursed by their insurance company due to changes to, or termination, of their policy. Family Counseling Associates of Andover, LLC does not submit secondary insurance claims, or Worker's Compensation claims. _____(initial)

Sliding Scale / Reduced Fee:

We offer a reduced fee schedule. Please contact us for more information. _____(initial)

Parking:

Client parking is located at the municipal parking lot across the street at Memorial Library. The cost is .50 cents per hour, and the parking machines accept credit cards. Two hour parking is also allowed on Essex Street. Clients should be aware that building management may tow unauthorized vehicles. Clients with mobility issues, or expecting mothers, should discuss with their clinician. _____(initial)

Welcome to Family Counseling Associates of Andover!

If you are receiving this email, you likely have an initial intake appointment scheduled with one of our clinicians. Here is some information about our practice that you may find useful:

Location: We are located at 12 Essex Street in Andover, MA. The entrance to our office suite is on the **side** of building.

Parking: Client parking is located at the municipal parking lot across the street at Memorial Library. The cost is .50 cents per hour, and the parking machines accept credit cards. Two-hour parking is also allowed on Essex Street. Clients who are physically handicapped, pregnant, or have infants, may use our parking lot.

Paperwork: We recommend that clients complete the initial registration paperwork at home and bring it with them to their first appointment. If this is not possible, please plan on arriving 10- minutes early to complete the paperwork at our office. Registration paperwork is located in the waiting area when you first enter. To access our registration paperwork on-line, please click here:
<https://www.fca-andover.com/forms.html>

When You Arrive: When you first arrive please check the staff directory in the foyer to determine which floor your clinician is located. We do not have a front-end receptionist at our office. Your clinician will come out to greet you at the start of your appointment. Your clinician will also collect your payment / co-payment and will schedule all of your subsequent appointments.

Payment Options: We accept cash, check, and credit cards (Visa, Mastercard, and Discover). To facilitate payments during your session, you will have the option to provide us with credit card information that we will store securely.

Cancelling or Rescheduling an Appointment: Please provide us with 24-hours notice if you need to cancel or reschedule your appointment. If needed, please leave a message at 978-222-3121 x0.

Website: Our website has useful information about our services, staff information, and contact information. You can visit our website at www.fca-andover.com. Click the "Contact" tab to view your clinician's phone extension.

We are glad that you have chosen **Family Counseling Associates of Andover**, and we look forward to working with you.