



## Registration Information

### Today's Date \*

Month Day Year

### Name \*

First Name Middle Name Last Name Suffix

### Address \*

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

### Phone Number \*

Area Code Phone Number

### Email \*

example@example.com

### Date of Birth \*

Month Day Year

### Age \*

**What is your gender? \***

**What are your pronouns? \***

**How did you learn about our center? \***

**Whom may we thank for referring you (if applicable)?**

# Education and Employment

**Are you currently a student? \***

YES

NO

**If you are currently a student, what is the name of your school?**

**Are you currently employed? \***

**If you answered "Other" to the previous question, please specify.**

**If you are currently employed, what is your occupation?**

**If you are currently employed, who is your employer?**

# Insurance Information

Do you have health insurance? If yes, please complete the following section. \*

YES

NO

Insurance Policy Holder's Name

Insurance Policy Holder's Date of Birth

Month Day Year

Relationship to Client

Name of Primary Insurance Company

Subscriber ID Number

Group Number

Name of Secondary Insurance Company (Optional)

Subscriber ID Number

Group Number

# Emergency Contact Information

Emergency Contact's Name \*

What is your relationship to your emergency contact? \*

Emergency Contact's Phone Number \*

Area Code

Phone Number

## Assignment and Release

I, the undersigned, have insurance coverage with the insurance company listed above and assign directly to Aria Counseling, Assessment, & Mediation Centers all medical 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 the therapist to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submission whether manual or electronic.

**Signature of Insured/Guardian**

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**Date**

Month   Day   Year

It is agreed and understood that if this financial obligation owed to Aria Counseling, Assessment, & Mediation Centers for services rendered should become delinquent, I, the client and/or responsible party, agree to be obligated for collection costs, attorneys' fees, interest and any associated costs of litigation to collect this debt. It is also agreed and understood that if this obligation should become delinquent that Aria will charge a late charge of 1.5% per month on the principle past due amount and I agree to be responsible for said late finance charges.

**Signature of Insured/Guardian**

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**Date**

Month   Day   Year

Please sign here to indicate that you understand that it is our policy to bill for missed appointments for which a 24-hour notice is not given and if billed for a missed appointment, I consent to legal action to collect the fees. Please note that therapists may have their own individual cancellation policy they will ask you to sign which supersedes the general clinical cancellation policy.

**Signature**

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**Date**

Day    Year

## Fee Policy for Therapist Expert Testimony/Deposition

Charges for courtroom testimony are based on time away from the practice and include travel time. The first hour fee and chart preparation fee must be paid to Aria two weeks prior to the testimony. The balance of charges for more than one hour of testimony must be paid upon receipt of the statement.

Cancellation less than two (2) Aria business days prior to the testimony date will necessitate forfeiture of prepayment. Cancellation less than three (3) days prior to the testimony date will necessitate 50% forfeiture of prepayment. Cancellation prior to three (3) Aria business days will incur no charge and prepayment will be returned.

It is at a therapist's discretion whether he/she is able to provide court-related services. Please check with your therapist if you anticipate this may be a service you require.

Your signature below indicates that you have read and understand the above policy and agreed to pay accordingly.

Signature

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Date

Month   Day   Year



**Please review your answers and click "Submit" below to finish this form. We look forward to meeting you soon!**