

SURPRISE BEHAVIORAL HEALTH

15535 N. Reems Road, Suite 12  
Surprise, AZ 85374-9580  
623-337-3388

Thank you for scheduling your psychotherapy/counseling appointment with me. It is my goal to provide you with the highest quality of care. In order to do so, I require information from you that tells me a little about you and the reason you are seeking psychotherapy/counseling at this time. The more information I have initially, the more time I have to spend with you and serve your needs. Please be sure to bring this packet of information with you for your initial appointment on \_\_\_\_\_(record your initial appointment date/time here.

**Please be sure to obtain the following information from your insurance carrier and to bring your insurance card with you at the time of your appointment. The address for claims may be different than the address that is printed on your card, therefore, phone contact will need to be made to obtain this information.**

Co-payment is due at the time of service. Self-pay rate is \$100.00 for the initial visit and \$85.00 for follow-up sessions. Payment is due in full at the time of service. A returned check fee of \$25.00 in addition to the cost of the session will be assessed for all returned checks and no further appointments will be made until all fees are paid by cash or money order. This also applies if insurance benefits are cancelled or no longer in effect at the time of treatment.

What company administers your outpatient “mental health benefits”?

Company Name: \_\_\_\_\_

Address where claims are sent: \_\_\_\_\_  
Street

\_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Do you have a deductible? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much? \_\_\_\_\_

Your Co-Payment: \_\_\_\_\_ Number of sessions allowed for the year: \_\_\_\_\_

Are you required to have prior authorization? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please get the authorization number when you call your insurance company and record it here:

Auth# \_\_\_\_\_