Client Information

Name: _____ Date: _____

Date of Birth: _____

Parent's Names, if minor: _____

Address: _____

_____

Phone: Cell: _____Home: _____Work:_____

Email: _____

Please circle preferred method of communication:

Email Text Phone (cell, home, work) I have no preference

Referred by: _____

Authorization for Release of Information

Please provide the following if you are currently seeing a physician or a counselor. This will allow the exchange of information in order to work together for you. Include anyone you feel may be of help in our work together.

I authorize: Hilary Shaw, LPC RD
7478 Highland Rd
Baton Rouge, LA 70808
225-387-3691(office) 225-288-1999 (cell)

To exchange records and discuss my case with:

_____

_____

_____

Regarding medical/counseling information related to the nutritional, mental, and medical health of the above registered client.

_____ _____

Signature of Client or Responsible Party Date

Payment/Insurance Information

The majority of clients pay out of pocket (private pay). However, I am a provider for Blue Cross Blue Shield as a Licensed Professional Counselor (LPC). If you are submitting a claim through Blue Cross, please understand that it is your responsibility to pay the fee in full regardless of what your insurance pays. Once your claim has been submitted, it will take a few weeks in order to know whether and how much Blue Cross Blue Shield will cover for services. If you have a deductible that has not been met, then you are responsible for the full session fee until you have met your insurance deductible. At that point, you would only be responsible for the co payment amount due according to your insurance plan.

I am **only** a provider for Blue Cross Blue Shield PPO. Typically, my services are not covered under BCBS HMO plan.

My fees are as follows:

Initial assessment: $125
Follow up individual sessions: $100

Methods of payment accepted:

Cash, Check (payable to Hilary Shaw, LPC RD), Paypal, and Venmo.

I do require **48 hours notice** to cancel or reschedule or there is a **$80** late cancellation/no show fee. Insurance does **not** pay for missed appointments, so you are responsible for paying the late cancellation fee regardless of usual method of payment.

I have read and understand the terms of payment for services to Hilary Shaw, LPC RD.

_____ _____
Signed Date