MindfulCounseling LLC

INTEREST FORM

Thank you for your interest in Mindful Counseling. In order to establish as a new client you will need to complete this INTEREST form and send both pages to the email address or fax # at the bottom of the form. Once our staff receives your COMPLETED form, we will contact you within 48 business hours. Sections left blank or missing information will interfere with establishing you as a new client.

Date: _____ Name: _____ DOB: _____

Phone #: _____ Can we leave a VM? ☐Y ☐N

Email: _____ Can we email you? ☐Y ☐N

For whom are you seeking counseling services? ***Please note: all potential new clients must be willing to participate in weekly counseling and the referral process, by completing this form & talking directly with our staff.*

☐ Myself ☐Other: Name: _____Relation to you: _____

Are you a former client? ☐N If ☐Y, who was your therapist? _____

Are you currently involved in ANY legal issues? ☐N ☐Y **If yes, you will need to locate an alternate mental health provider, not associated with Mindful Counseling, as this is not our specialty.

Are you required by a third party to attend counseling? ☐N ☐Y **If yes, you will need to locate an alternate mental health provider, not associated with Mindful Counseling, as this is not our specialty.

What services are you seeking: ☐Individual Counseling ☐Couples Counseling ☐Family Counseling

Mark all that apply:

☐Anxiety ☐Chronic Pain ☐Depression ☐Grief ☐LGBTQIA ☐PTSD ☐Relationship Issues

☐Suicidality ☐Trauma ☐ Addiction (see below) ☐ Substance Abuse (see below)

If Addiction or Substance Abuse, specify type and frequency: _____

_____

Please provide more details about why you are seeking counseling.

_____

_____

_____

We have two office locations. Please indicate your location preference below:

☐I'm flexible (either location) ☐North East (4004 Carlisle Blvd NE) ☐West Side (4619 Greene St. NW)

Do you prefer a specific therapist at Mindful Counseling? ☐N If ☐Y, specify:_____

What days of the week and blocks of time are you available to attend WEEKLY counseling appointments?

_____

Mindful Counseling has two Payment Options: Private Pay or Insurance.
A description of these options and a list of the insurance companies we bill is located in the PAYMENT OPTIONS tab of our website, www.midfulcounseling.org. Indicate your choice below.

☐ **Private Pay (PP).** Private Pay costs $75 per session. We are unable to process credit card payments. Cash or check payments are due at the beginning of every session. If you will be PP, your form is complete.

☐**Insurance.** In order for our office to bill insurance, you will need to verify the policy's Mental Health-Office Visit benefits and complete **ALL** sections below. We suggest calling your insurance company. Missing or incorrect information will delay the process of establishing as a new client and can create compounding billing issues that may cost you out of pocket expenses.

Insurance Company: _____ ID #: _____ Group #:_____

If the client is not the policy holder, indicate the policy holder's information below:

Name: _____ DOB: _____ Relation to client: _____

Does this policy run on a calendar year? ☐Y ☐N If no, what date is the renewal? _____

Does this policy cover Outpatient, Mental Health, Office Visit benefits? ☐Y ☐N
If NO, your form is complete and your insurance will not pay for our services.

What is the policy's Out of Pocket Max? $_____

Does this policy's deductible (DED) apply to Outpatient, Mental Health, Office Visits? ☐Y ☐N

If Yes, what is the DED Amount $_____ Amount met, to date: $_____

Once the DED is met, what percentage will your insurance pay? _____%

Do you have a co-pay or co-insurance applicable Outpatient, Mental Health, Office Visits? ☐Y ☐N
If Yes, what is the Co-pay $_____ or Co-Insurance _____%

Do you have Employee Assistance Program (EAP) benefits? ☐Y ☐N

If Yes, ask your EAP if Mindful Counseling is an approved provider and how to utilize your EAP benefits. Please be prepared to discuss these details with our staff.

Do you have an HSA, HRA or Flexible Spending account? ☐Y ☐N

If Yes, please research how to utilize your account and be prepare to discuss the details with our staff.

Do you have a secondary insurance? ☐Y ☐N **If Yes**, complete the policy's information below:

Secondary Insurance: _____ ID #: _____ Group#: _____

Does this policy run on a calendar Year? ☐**Y** ☐**N**, If no, what month is the renewal? _____

Is the client the policy holder? ☐Y ☐N **If No,** indicate the policy holder's information below:

Name: _____ DOB: _____ Relation: _____