Jay S. Weinberg, MA, CAGS
1325 South Colorado Blvd, Suite B-108
Denver, Colorado 80222
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NEW PATIENT FORM/NOTICE OF BILLING

Name: _____

Date of Birth_____

Address: _____

_____

Home Phone:_____ Cell Phone: _____

Work Phone:_____ Other: _____

*Email:_____

Person Responsible for Payment Information:

Name: _____

Date of Birth_____

Billing Address: _____

_____

Phone Number:_____

Email:_____

Credit Card No._____**See below

Expiration: _____ CCV_____

Billing Zip Code:_____

Payments for sessions are due at the time of service. The session rate is $150.00 for 50- minute sessions, or otherwise agreed upon between the therapist and patient. The rate for initial intake session is $175. The intake process includes coordination of care with parents of minors and providers. Any missed appointments without 24-hour notice will be billed at the session rate. Telephonic/coaching calls are billed in 15 minute increments at $3/minute. Accepted forms of payment are cash, checks, Venmo, Zell, credit and health savings account cards.
**Payments made via credit card will incur a $5.00 processing fee per transaction.

NOTICE OF BILLING: I/We have read and received a copy of the Notice of Billing:

Signature(s)_____Date _____

Print Name_____ Relationship to Client_____