

CHERRY CREEK PSYCHOTHERAPY, LLC
PATRICK THOMAS COLE, MSW, LCSW

1660 SOUTH ALBION STREET, SUITE 1025
DENVER, COLORADO 80222
PH: (303) 909-9054

NEW PATIENT FORM/NOTICE OF BILLING

NAME: _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ OTHER: _____

*EMAIL: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

PERSON RESPONSIBLE FOR PAYMENT INFORMATION:

NAME: _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

PAYMENTS FOR SESSIONS ARE DUE AT THE BEGINNING OF EACH SESSION. THE SESSION RATE IS \$145 FOR 50-MINUTE SESSIONS, OR OTHERWISE AGREED UPON BETWEEN THE THERAPIST AND PATIENT. THE GROUP THERAPY INTAKE FEE IS \$195. ANY MISSED APPOINTMENTS WITHOUT 24-HOUR NOTICE WILL BE BILLED AT THE SESSION RATE. THE RATE FOR GROUP THERAPY IS \$340 PER MONTH, DUE AT THE BEGINNING OF EACH MONTH. THE PRORATED AMOUNT FOR GROUP THERAPY SESSIONS IS \$85 PER GROUP SESSION. IN MONTHS IN WHICH THERE ARE FIVE GROUP SESSIONS, THE FIFTH GROUP SESSION IS NO COST TO THE PATIENT. CHERRY CREEK PSYCHOTHERAPY, LLC FOLLOWS DENVER PUBLIC SCHOOLS INCLEMENT WEATHER ADVISORIES, AND THERE IS NO CHARGE (PRORATED ~\$80) FOR GROUP SESSIONS IN INCLEMENT WEATHER SITUATIONS.

NOTICE OF BILLING: I/WE HAVE READ AND RECEIVED A COPY OF THE NOTICE OF BILLING:

PRINTED NAME

RELATIONSHIP TO CLIENT

CLIENT OR RESPONSIBLE PARTY SIGNATURE

DATE