

Ethos Leaders LLC Counseling Services
Bryant Kusy, MA, LCPC, IMH-E IV
1243 E Iron Eagle Dr. Suite 130D Eagle, ID 83616
Phone: (208) 391-7050
FAX: (208) 547-6835

New Client Registration

Date: _____

Client Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Permission to leave a message on cell and/or home phone number: Yes / No

E-mail: _____

Permission to email receipts and/or appointment reminders: Yes / No

Employer: _____

Insurance Carrier: _____

Policy Number: _____ Group Number _____

Client has contacted insurance carrier to discuss benefits: Yes / No

Please bring insurance card to first appointment.

Primary Care Physician: _____

Practice Name: _____ Phone: _____

Spouse Name: _____

Emergency Contact/Relationship: _____

Their Phone: _____

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New Client Acceptance of Terms

All fees are expected at the time of service. We will file your insurance for you. However, interest will be charged on any balance due after 90 days and client will be responsible for all associated collections fees. You will be charged \$40 for appointments cancelled less than 24 hours in advance with payment expected before next appointment and this fee is NOT covered by insurance. There will be a \$35 fee for returned checks.

Please **Initial** each of the following:

_____ I authorize release of information to ALL/EACH of my insurance companies

_____ I authorize payment directly to my therapist from the insurance company/companies.

_____ I understand I am responsible for my bill

Signature: _____

Date: _____

Referred by: _____