

**Laura McDowell-Salcedo, LCSW
Client Information & Insurance Request**

Client Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ (home) _____ (cell) _____ (work)

DOB: _____ **Social Security Number:** _____

Marital Status: _____ **Sex:** **Male** **Female**

Emergency Contact Name: _____

Relationship: _____ **Phone #:** _____

Insured Employer: _____

Referral Source: _____

Insured Name: _____ **Relationship:** _____

Insured DOB: _____ **Insured Social Security #:** _____

Primary Insurance: _____ **ID#** _____

Secondary Insurance: _____ **ID#** _____

I hereby authorize the release of any medical information necessary to process this claim & request payment of benefits to Laura McDowell-Salcedo, LCSW.

I agree to pay the balance of expenses not paid under this plan.

Authorized Signature

Date

Laura McDowell-Salcedo, LCSW
5900 Balcones Drive, Suite 132
Austin, Texas 78731
512-294-4239

CONSENT FOR TREATMENT

Adult (18 Years & Older)

I give full permission for the completion of an evaluation and the provisions of ongoing mental health treatment as necessary until I otherwise notify this clinician.

Signature

Date

Children & Adolescents (17 Years & Younger)

I certify that as a Parent/Guardian of _____
I have the legal right to initiate mental health treatment on their behalf. I give my full consent for the completion of an evaluation and provision of treatment as necessary until I otherwise notify this clinician.

Signature

Date

Laura McDowell-Salcedo, LCSW
5900 Balcones Drive, Suite 132
Austin, Texas 78731
512-458-4001

Client Information Sheet

Please read the following information and sign and date at the bottom.

Fees-Clients are responsible for fees to be paid at the end of each session unless other payment schedules have been made in advance. Client may pay by cash, check or money order only. The following fees are for private pay clients only. I take insurance as a courtesy. However, if your insurance plan does not reimburse for services rendered you will be responsible for payment. For clients using insurance coverage, the copay & coinsurance rates vary by individual plan.

Initial Evaluation:	55-60 minutes	\$145.00
Individual psychotherapy:	20-30 minutes	\$65.00
	45-50 minutes	\$110.00
	65-80 minutes	\$155.00
Family/Couples:	45-50 minutes	\$120.00
Group:	60 minutes	\$65.00

Appointments-The first appointment is an Initial Evaluation which generally lasts 55-60 minutes. Follow up visits are 45-50 minutes in length. Please notify me at least 24 hours in advance if you need to cancel your appointment. There will be a \$50.00 fee for your first missed appointment. The fee is \$110.00 for missed appointments thereafter.

Please notify me as soon as possible of any insurance coverage changes. You will be responsible for any services not covered as a result of not obtaining authorizations when insurance changes.

Any questions should be directed to Laura McDowell-Salcedo, LCSW at 512-294-4239. Thank you for your help in my commitment to providing you with quality services.

Signature

Date