CROSSPOINTE FAMILY SERVICES
430 Falls Avenue, Suite 100
Twin Falls, ID 83301-3320
Phone: 208-763-7090
Fax: 208-736-7089

GAIN ASSESSMENT

Patient: _____ DOB:_____

____ I agree to pay $250.00 to schedule a GAIN assessment with Crosspointe Family Services. I understand that I will not be scheduled until payment is received.

____ I understand that if I No-Show or Cancel my GAIN Assessment appointment with less than 24 hour notice, my payment of $250.00 will be forfeit to Crosspointe Family Services and I will need to repay $250.00 fee to reschedule my appointment.

Signature:_____ Date: _____