***Therapy4U-Chicago***

***Because life’s challenges should not be met alone.***

**875 N. Michigan Avenue . 31st Floor . Chicago, IL 60611 . (312) 544-0551**

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**About Us**

Therapy4U-Chicago, PC is group a practice staffed with licensed clinical social workers that offer individualized professional mental health services in English, Korean, and Spanish to individuals, couples, and families in a variety of setting. Understanding that life is busy we aim to help clients meet their treatment goals with minimal inconvenience by conveniently providing services in mutually acceptable and clinically appropriate locations of our client’s choosing, including but not limited to, our office located at The John Hancock Center in Chicago’s Loop, nursing care facilities, and retirement communities.

While we service the general population, we offer specialized services in the area of gero-psych and partner with nursing care facilities to help residents find peace and joy through resident-centered, evidenced based mental health services that meet residents’ needs. Well versed with Medicare MDS 3.0 requirements, we are able to provide our nursing care partners MDS completion support that assists them in adhering to MDS 3.0 requirements and enables them to maximize their billing potential, thus increasing revenue.

**What We Offer & Why We Are Unique**

To our nursing care partners we offer professional clinical evaluations, treatment modalities, follow-up assessments, and MDS documentation and support. We benefit you by:

Enabling you to meet MDS 3.0 requirements for resident-centered, evidence-based treatment modalities

Adhering to Medicare MDS 3.0 reporting requirements for detailed observations and reliable assessments that establish medical necessity and ensure appropriate resident mental health care

Assisting you in maximizing your billing potential through accurate and up-to-date MDS reporting

Assessing residents for cognitive impairment based on RUG-IV Cognitive Performance Scale (CPS)

Provide in-service staff training as needed

Reduce your work load by maintaining MDS sections A, C, D, and E



**TREATMENT & BILLING CONSENT FORM**

This agreement serves to provide formal treatment and billing consent for services provided to and received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This document must be signed by the individual or individuals with authority to provide consent.

By signing below, the signer affirms that the patient has requested and agreed to receive services from InTouch Mind Health, PLLC. The signer accepts responsibility for all fees associated with the patient’s treatment and authorizes InTouch Mind Health, PLLC to bill the patient’s health insurance carrier. The signer agrees to pay any charges not covered by insurance, including deductibles, co-pays, co-insurance, cancellation fees, and the full session fee if insurance does not cover the services provided.

The signer understands that InTouch Mind Health, PLLC will provide a payment link to make payments at least one (1) hour before each scheduled session. If payment is not made via the link, InTouch Mind Health, PLLC will charge the credit card on file, as per the signed Payment Authorization Form, and a $3.00 service fee will apply.

Patients are responsible for promptly notifying InTouch Mind Health, PLLC of any changes to their health insurance coverage. Failure to provide updated insurance information may result in denied claims. Any charges denied by the insurance carrier due to the patient’s lack of communication regarding changes to coverage will be the sole responsibility of the patient.

**Cancellation Fee Notice**

In the world of mental health, most practices charge a full fee for all cancellations; we charge the reduced rate of $60. However, because we know that life happens, *InTouch will waive a maximum of 2 cancellation fees in a 12-month period* (beginning on the day of patient’s first cancellation). *To avoid cancellation fees,* the patient is encouraged to plan to *reschedule appointments for a different time in the same week,* instead of cancelling. Patient understands that the option to reschedule is dependent on a clinician’s availability. If rescheduling is not possible for any reason, and you are not able to attend your session, our cancellation policy will apply. You will not be charged a cancellation fee for cancelled appointments falling on 4th of July, Thanksgiving Day, Christmas Day, and New Years Day.

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (12 years old or older)

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Treatment of minors with divorced parents requires signed consent from both parents if they share joint custody. If one parent has sole custody, only their signature is required. A copy of the divorce decree must be filed in the patient’s chart. For patients with a Healthcare Power of Attorney (POA), the POA must sign, and a copy of the POA must also be filed in the patient’s chart.**