

Hawthorn Counseling Group

1580 South Milwaukee Avenue, Suite 305, Libertyville, IL 60048 • (847) 680-0755 • www.hawthorncounseling.com

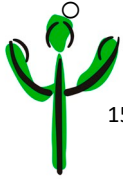
Parenting Coordination Client Registration Packet

Welcome to Hawthorn Counseling Group. This instruction sheet will provide you with the basic information necessary to arrange parenting coordination services.

- Please provide a copy of your Allocation of Parental Responsibilities Judgement (PAJ), as well as any post-decree pleadings or orders. Your course of parenting coordination will be informed by your PAJ and, also, by the Parenting Coordination Order. It is recommended that you have easy access to these documents since they will be referenced during parenting coordination.
- Please complete the client registration form. Each parent is to complete a separate packet of forms and return to Dr. Jochem.
- All clients are asked to complete the attached payment agreement. Please provide credit card billing information.

Please pay special attention to our policies regarding late cancellations or failed appointments:

- If you need to reschedule an appointment, Hawthorn Counseling Group requires at least 24 hours' notice—a full business day in advance of the hour of your appointment—giving notice of the intent to cancel a scheduled appointment. Also, please note: appointments scheduled on Mondays (or Tuesdays if following a holiday weekend) must be canceled by 5:00pm the preceding Friday afternoon. If you have a scheduling conflict and must cancel an appointment it is sufficient to leave a voicemail message by calling 847-680-0755. This notification must be provided a full 24 hours (or one business day) in advance of the hour of the scheduled appointment in order to avoid being billed for the appointment. We are unable to make allowances or exceptions to this policy, except in cases of sudden serious illness, family emergency or severe inclement weather. With regard to late cancellations or failed appointments, you will be charged the full usual and customary fee for one hour of scheduled service.



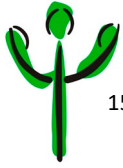
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CLIENT REGISTRATION INFORMATION

PLEASE PRINT

<i>Patient Information</i>					
Last Name	First Name	MI	Date of Birth / /	Age	Sex
Address		Apt. #	City	State	Zip
Home Phone	Work Phone		Cell Phone		



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Hawthorn Counseling Group Fee Schedule

Psychotherapy Services

90791, Diagnostic Evaluation	\$240.00
90832, Psychotherapy, 30 min, with patient and/or family member	\$120.00
90834, Psychotherapy, 45 min, with patient and/or family member	\$180.00
90837, Psychotherapy, 55 min, with patient and/or family member	\$240.00
90847, Family/conjoint psychotherapy w/ patient present, (45 min)	\$180.00
90846, Family/conjoint psychotherapy w/out patient present (45 min)	\$180.00

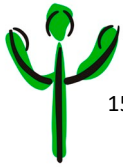
Evaluation Services

Fitness-for-duty evaluation typically includes: <ul style="list-style-type: none"> 2-3 units 90899—unlisted procedure/service 1-2 units 90889—document preparation 	(Services & fees vary with circumstances)
School fitness evaluation—low/moderate complexity typically includes: <ul style="list-style-type: none"> 2-3 units 90899—unlisted procedure/service 1-2 units 90889—document preparation 	(Services & fees vary with circumstances)
Bariatric surgery evaluation—low/moderate complexity typically includes: <ul style="list-style-type: none"> 2 units 90899—unlisted procedure/service 1 units 90889—document preparation 	(Services & fees vary with circumstances)
96101, Psychological testing <ul style="list-style-type: none"> MMPI / MMPI-A admin & interpretation 	\$150.00
90889, Document preparation / report writing, 15 min	\$60.00
Scheduled telephonic consultation, (45 min)	\$180.00

Parent Coordination, Co-parenting Consultation, Collaborative Divorce & Medication Services

<ul style="list-style-type: none"> All services billed on hourly basis, or pro-rated as indicated in 15 min intervals 	\$280.00/hr
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The above CPT codes are based upon guidelines developed by the American Medical Association. Fees shown represent usual & customary rates for Hawthorn Counseling Group (HCG) services, effective May 1, 2021. Fees shown above do not reflect contractual arrangements which may be in place between HCG and certain health insurance payors. (4/20/2021)



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PAYMENT AGREEMENT

Name: _____

In consideration of the parenting coordination services to be rendered by Hawthorn Counseling Group (HCG), I agree to pay HCG for all services provided at the established rates listed in the HCG fee schedule in effect at the time services are received, or as otherwise negotiated with HCG.

I also understand that I am financially responsible for any failed appointment & late cancellation charges.

I certify that the information provided to HCG is, to the best of my knowledge, complete and accurate. I will make arrangements for prompt and regular payment of fees to HCG for services, as described in my Parenting Coordination order.

I understand that I may pay by cash or check. I grant permission to HCG to bill my credit card for payment of any charges. I understand that replenishment of retainer will be requested as necessary. I grant permission to use my credit card for payment of any unpaid balances which are 30 days or more past due, including payment for services received, failed appointment or late cancellation charges.

In understand that credit card charges will show on billing statements as "Hawthorn Counseling Group".

All patients are asked to provide credit card billing information below:

TYPE OF CREDIT CARD: VISA M/C

NAME OF CARD HOLDER:

<i>PRINT</i>

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRATION DATE:

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AGREEMENT AND AUTHORIZING SIGNATURE:

X _____