

Breakthrough Counseling

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Welcome to the Breakthrough group.

Thank you for placing your confidence in us. Our goal is for you to feel welcome each and every visit. Please let us know if you have any questions.

Be sure to talk with your therapist if there are any questions about your treatment.

The front desk is ready to help you with any questions about your scheduled appointments or financial issues.

You will complete some necessary paperwork on your initial and 2nd visits. One of those forms includes a credit card guarantee. Once this form is completed with your number, it is scanned into an electronic HIPPA compliant platform and the paper with the number is shredded. Please carefully read the financial and missed appointment policies. This is a business and we respect the time and efforts of all the therapists. **A 24 hour cancellation notice is required if you are unable to make your scheduled appointment. If a 24 hour notice is not given, you will be assessed a \$100.00 charge for a late cancellation unless you are able to reschedule during the same week.** This policy insures that your therapist has the opportunity to be paid for their time. Our financial and missed appointment policies are in place to keep the best therapists available to serve you.

We want you to achieve your healthcare goals. As with all healthcare treatment, your best opportunity for positive outcomes of treatment is to keep your schedule of care and complete any homework assignments.

Again, thank you for choosing the Breakthrough group. We believe you are on the road to the breakthrough you seek and desire.

Ded \$ _____ Met \$ _____
 Co-Pay \$ _____ Co-Ins % _____ Allowed \$ _____
 Pt. Owes \$ _____
 DX _____.

Client Contact Record

Office Use Only

Patient Name _____ D.O.B. _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Social Security Number _____ EAP/Insurance Co. _____
 E-Mail Address _____ Do you check daily? _____
 If Minor Client - Parent(s) Name _____ Spouse's Name _____

May we contact you by phone at the above number(s)? Yes No
 Home Only Office Only Cell Only

Stop – The next section is for office use only.

Auths./ Session #	Date	Code/ Procedure	Persons Attending or Contacts	Initials Clinician/Staff

CPT CODES:

90791 – Psy. Eval./Intake 90834/32 – Ind./ ½ Session 90808 – 75-80 min. session 90847 – Family, Marital, Couple
 90846 – Family w/o Pt 90853 – Group 90830 – Testing w/Report 90889 – Clinical Report
 90839- Crisis(60 min)

OTHER CODES: CX – canceled appt. CAC – Canceled appointment charged for NS – broken appt/no show CO - consult