



415 Huntington Drive #102
San Marino, CA 91108
FAX 626-345-5748
TEL 626-460-0281

PATIENT REGISTRATION FORM

PATIENT INFORMATION

Patient Name: _____ **Patient** Date of Birth: _____

Address: _____

Languages: _____

Diagnosis: _____

Allergies: _____

Parent/Legal Guardian Name(s): _____

Email Address(es): _____

Home Phone/Cell/Work Phone(s): _____

ACKNOWLEDGEMENTS

By signing below you are acknowledging that:

- You have reviewed our HIPAA Notice of Privacy Practices, available at:
<https://www.jabberdogs.com/pdf/hipaa-notice.pdf>
- You have reviewed your Patient Rights and Responsibilities, available at:
<https://www.jabberdogs.com/pdf/patient-rights.pdf>
- You understand that you are financially responsible for all charges not covered by insurance.

Your name (printed): _____

Your Signature: _____ Date: _____

Reports

At this time, Jabberdogs accepts:

- Anthem Blue Cross PPO
- Blue Shield of California PPO
- Kaiser Permanente
- Regional Centers

For patients with other insurance plans, Jabberdogs will offer assistance by providing reports, therapy insurance codes, etc.

Whenever possible, please provide a 2 week notice for detailed reports to be drafted on your (child's) behalf. These reports are billed separately from your (child's) regular therapy sessions.

Jabberdogs appreciates your anticipated cooperation with these policies. If you have any questions, please bring them to our attention for further discussion.

Caregiver participation and cancellations

We strongly feel that consistent therapy is crucial to your (child's) progress. At Jabberdogs, we value your time and commit to making the most of each session. You are welcome to join your child's sessions and / or to debrief with the therapist after each session to discuss progress and at-home exercises.

- If you must cancel your session for any reason, 24-hour notice is required. Late cancellations and "no-shows" will be charged a fee of up to \$50, at our discretion. We reserve the option to charge this fee upon subsequent missed sessions even if we do not charge it for a first occurrence.
- If the patient is sick and cannot attend, please notify us by 8 am (no-show fee will be charged after this time). If you have an early morning appointment and the patient wakes up sick, please call to cancel at least 1 hour prior to the session.
- Please note that payments for missed sessions are expected at your next therapy visit.

If you are having difficulty attending regular sessions, please bring this to our attention so that we can work with you to find a more appropriate appointment time. Please be considerate of the time that has been dedicated to you.

I understand the above policies and agree to cooperate with them.

Signature

Date

Charges and Fees

Account statements will be emailed to you monthly. Instructions for opening the password-protected statements will be included in the email. The statements will list all charges under patient responsibility, including:

- insurance co-pays / co-insurance,
- payments towards a deductible,
- direct “out-of-pocket” costs of therapy,
- charges for preparing written reports,
- no-show / late cancellation fees, and/or
- late payment fees.

Late fees of 10% per month may be added to payments that are more than 7 days late.

Jabberdogs currently accepts:

- Anthem Blue Cross PPO
- Blue Shield of California PPO
- Kaiser Permanente
- Regional Center

For patients with other insurance plans, more detailed “super-bills” (with additional details required for reimbursement by insurance and/or HSA/FSA plans) can be provided upon request. There is no additional fee for super-bills.

Payment Options

Jabberdogs accepts all major credit cards. Please fill out the ***new patient information*** form on our website (www.jabberdogs.com) prior to your first visit to indicate your preferred method of payment for out-of-pocket costs. We will charge your card automatically on a monthly basis, or send you separate invoices via Square, as selected on that form. If you are uncomfortable providing a credit card number, Jabberdogs also accepts payment by cash or check. If at any point a credit card transaction is unsuccessful, or if you do not make a payment for an extended period of time, we may terminate services at our discretion.

I understand the above policies and agree to cooperate with them.

Signature

Date