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Social Skills Group Enrollment

Please return this form to Square One by fax (502) 896-0487, meds@squareonemd.com, or by mail.
Email communications are password secure but not encrypted and may be subject to unauthorized redisclosure or hacking.

Please Indicate Age Group: 5-6 7-9 10-12 teens

Groups consist of 5-6 participants. Sessions meet weekly for 10 weeks.

Fee: \$550 *Missed sessions are not refunded.*

\$50 Intake – 30 minute meeting with therapist, parent, and child prior to group sessions.

\$250 due at first and sixth sessions.

***New Patient Forms must be completed for all group therapy participants.** <http://squareonemd.com/wp-content/uploads/2013/07/New-Patient-Forms-updated-10072016.pdf>

Personal Information

Child's Last Name: _____ First: _____ Middle: _____

Birth date: _____ Sex: M ___ F ___

Parent/Guardian's Last Name: _____ First: _____

Address: _____

Home Phone Number(s): ____ () _____

Work Phone Number(s): ____ () _____

Cell Number(s): ____ () _____

Group Placement

Referral Source _____

Current Diagnosis/Concern(s) _____

Cancellation Policy

Social Skills Group at Square One is a clinical service. Participation in each session is critical to the group's progress in social skills achievements. Please commit to attend each session or contact our office with at least 24 hours' notice if your child will not be able to attend a session due to illness. For your convenience, Square One makes reminder calls the day before your appointment. *Missed sessions are not refunded.*

Insurance

As a clinical service, group therapy fees (CPT code 90853) are submittable to insurance for reimbursement. Insurance claims require diagnosis (ICD-10 codes); if your child has not been seen for diagnostic services at Square One prior to group therapy enrollment, we will not be able to provide a diagnosis code for claims for services at Square One. You may schedule a diagnostic service with our providers if you wish to submit claims for our services to insurance for reimbursement for the fees you have paid to Square One.

Parents signature

Date

Privacy: Square One observes the HIPAA guidelines for the privacy of all of our patients. We would like to emphasize that we encourage all participants to respect the privacy of the families taking part in the group sessions.