



MYFS 2023 Support Group- **Kid** Registration Form

Wednesday, March 29th-Wednesday, May 24th

4:00-5:00pm

**This group will not be meeting Wednesday April 12th*

Parents/guardians must complete this form to register and need to submit their registration form in advance of the first session.

Demographic Information:

Child's Name: _____ DOB: _____

Child's School: _____ Current Grade: _____

Child's
Address: _____

Parent /Guardian Name(s): _____

Parent/Guardian's Cell Phone: _____ Other # _____

Parent/Guardian Email: _____

If we cannot reach you, who else should we contact in case of emergency?

Name: _____ Relationship: _____

Phone Number (s): _____

Program Fee Information:

MYFS Group session fees will apply to all participants of “Zones of Regulation” and these can be billed directly to insurance, if so authorized. Parent/guardians intending to utilize their insurance may provide insurance information at the time of registration in order to obtain pre-authorization and/or determine any portion of the fees for which they may be responsible. Parent/guardians will be responsible for any fees not covered by insurance, such as co-pays. Parent/guardians may inquire regarding self-pay fee if not utilizing insurance, and may request a fee reduction and/or fee waiver for special circumstances in accordance with agency policy. Parent/guardians must sign and submit a separate “Fee Agreement” and/or an “Authorization to Bill Insurance” form along with this group registration form, and all forms must be received prior to the child attending the first group session.

Child’s Insurance Carrier: _____ InsuranceID# _____

Financial Paperwork Needed:

____ Authorization to Bill Insurance Form Completed

____ Copy of Insurance Card (both sides) Provided

____ Fee Agreement Completed (if applicable)

Additional Information:

Does your child have any medical conditions or sensitivities to environmental stimuli (sounds, tactile, etc) we should be aware of? If so, please describe below:

What do you hope your child will accomplish by participating in this group?

Parent/Guardian Authorization to Participate:

I, (*Parent/guardian*) _____ agree to have my child

_____ participate in “Zones of Regulation,” and acknowledge my responsibility to pay for program any fees not covered by my insurance and/or in accordance with my signed “Fee Agreement” form.

Parent/Guardian’s Signature: _____ Date: _____



Authorization to Bill Insurance

I, _____, hereby authorize Madison Youth and Family Services to bill my/my child's health/behavioral health insurance carrier(s) for the services rendered to my child/family by the agency. I hereby give my consent for MYFS to release medical and other relevant information to our insurance carrier as required my/our insurance carrier to process medical billings.

By signing my signature below, I agree to pay Madison Youth and Family Services any deductible, copay, or uncovered charge in accordance with my health care plan. I accept financial responsibility for any claims that are not reimbursed by my insurance carrier.

Name of primary health insurance _____

Member Number _____

Name of secondary health insurance _____

Member Number _____

Co-pay amount client is responsible for per session \$ _____

Printed name of client

Date

Signature of client or his or her parent/guardian

Relationship to the client

Signature of Staff