

## Richard Katz Psychology

phone: 224-392-3258

address: 9150 Crawford Avenue, suite 204, Skokie, IL 60076

Welcome!

My goal is to provide you with the most effective and efficient treatment.

Your completing these forms *before* our first meeting will enable us to get started right away.

**Please print and complete all the forms in this pdf. pack.**

This pack contains the following documents:

- Couples Billing Procedure Explanation, 2 pages
- Two Relationship Assessment Forms. One for each person, 6 pages.

**Each of you will also have to download and an Adult New Client pdf. pack.**

**Please, each of you complete the Adult New Client pdf. pack.**

**Bring *all* of this paper work with you to our first meeting.**

If you have any questions, please call me.

Thank you for your cooperation.

Richard Katz Psychology  
9150 Crawford Ave, Ste 204  
Skokie, IL 60076

### COUPLES BILLING PROCEDURE Page 1 of 2

- Each person receiving services MUST complete this form in it's entirety
- Each person receiving services MUST complete a Contract for Service and Financial Agreement Form
- Each person receiving services MUST complete a Choice to Use Insurance Form

Name \_\_\_\_\_ Date \_\_\_\_\_

- I have read this form in it's entirety.
- I understand that my diagnosis might not be covered by insurance.
- I understand that I am responsible for charges not covered by insurance.
- I understand that I am responsible for copays and deductibles
- I understand that the cost of a one hour "couples" session is \$225, divided equally between the two partners.
- I understand that each partner will have their own file, and I do not have the right to access my partner's file without written consent by my partner.
- I understand that if my partner and Dr. Katz talk about me when I am not present, it will be relevant to my clinical issues (technically billed as Consultation with Family-Client not present), there is a flat fee of \$150, and a note will be entered in my file.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

### Understanding Couple Counseling and Psychotherapy

For couple counseling to be eligible for payment from an insurance company either one or both of the couple MUST have a diagnosable problem according to the DSM-5.

**If neither person has a diagnosable problem according to the DSM-5**, fees must be paid "out of pocket" because insurance will not cover the costs.

**If one person has a diagnosable problem according to the DSM-5**, and that problem is causing problems in the relationship, treatment will focus on resolving the diagnosable problem AND resolving the secondary problems that it is causing in the marital or couple's relationship.

The person with the diagnosable problem's treatment will be either individual therapy, couple counseling, or both individual therapy and couple counseling. That one person with the diagnosis will be responsible for a copay. The bill will be submitted to that person's insurance company.

## COUPLES BILLING PROCEDURE Page 2 of 2

**If two persons have diagnosable problems according to the DSM-5**, each person will be required to have their own case opened.

Both persons treatment will be either individual therapy, couple counseling, or both individual therapy and couple counseling. Each person will be billed separately. Each person will be responsible for their own copay.

Because I will not be able to determine if either or both members of the couple have a diagnosable problem according to the DSM-5 until AFTER the first intake interview, the couple must be prepared to pay for the intake interview "out of pocket".

If my interview reveals that each person has a diagnosable condition, then a second intake interview will be required for the other person, and a separate case opened, so that each person has their own case record.

Costs for couple counseling, regardless of insurance coverage are as follows.

- Intake fee \$210
- Treatment fees:
  - If one person has been diagnosed, he or she is the "client".
    - When that person is seen in individual sessions, then standard feels apply (see Contract for Service and Financial Agreement).
    - When that person is seen in couples counseling, the fees are \$100 plus \$25 for 30 minutes; \$150 plus \$25 for up to 53 minutes; \$200 plus \$25 for up to 60 minutes.
    - The "client" is responsible for payment and for copay.
  - If two persons have been diagnosed, each person must have a case open.
    - When that person is seen in individual sessions, then standard feels apply (see Contract for Service and Financial Agreement).
    - When that person is seen in couples counseling, the fees are split equally. For one half hour the focus is on one person, for the other half hour the focus is on the other person. Each person's fee is \$112.50. Each person is responsible for their own insurance fee. Each person is responsible for their own copay.
- IF YOU HAVE QUESTIONS, ASK ME BEFORE WE BEGIN!

**RELATIONSHIP ASSESSMENT**

Each partner must complete their own copy of this form  
PRINT LEGIBLY!

Name \_\_\_\_\_ Date Assessment Completed \_\_\_\_\_

Current Address \_\_\_\_\_

Date of Marriage OR If not married, when you began your committment \_\_\_\_\_

Dates of Any Separations \_\_\_\_\_

IF THIS CURRENT MARRIAGE OR SIGNIFICANT COMMITTED RELATIONSHIP IS YOUR FIRST AND ONLY MARRIAGE OR COMMITTED RELATIONSHIP, TURN TO THE NEXT PAGE ➔

Complete the rest of this page if you were married before or had a relationship that was functionally a marriage. For more than two previous marriages or relationships, use the back of the page and answer the same questions.

FIRST MARRIAGE (Not the current relationship)

Your age when you were married \_\_\_\_\_ How long were you married? \_\_\_\_\_

Does your spouse (partner) know about his marriage?  YES  NO

Circle why this marriage ended DIVORCE DEATH ANNULMENT OTHER Date? \_\_\_\_\_

SECOND MARRIAGE (Not the current relationship)

Your age when you were married \_\_\_\_\_ How long were you married? \_\_\_\_\_

Does your spouse (partner) know about his marriage?  YES  NO

Circle why this marriage ended DIVORCE DEATH ANNULMENT OTHER Date? \_\_\_\_\_

Use this space to write your understanding of the reason for your divorce(s) or relationship(s) ending.

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Current Family

	NAME	AGE	HIGHEST LEVEL OF EDUCATION	JOB / PROFESSION
ME				
MY PARTNER				

	NAME	Age	Sex	Living in the House? Yes, No? Full time? Part Time?	Child is yours, your spouse, or both of yours?
Child					
Child					
Child					
Child					
Child					

Any children lost through death?  YES  NO  
 Any children placed in an institution?  YES  NO  
 Any grandparents or inlaws living in your home?  YES  NO  
 Do you?  RENT  OWN

Type of home? \_\_\_\_\_(apartment, townhome, home, condo apartment, etc.)

I think the living space is  Spacious  Adequate  Crowded

PERSONAL INFORMATION

1. Do you have any significant health problems?  YES  NO. If, YES, explain\_\_\_\_\_

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2. Does your spouse (partner) have any significant health problems?  YES  NO. If, YES, explain\_\_\_\_\_

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3. Date of your last visit to your MD?\_\_\_\_\_Your spouse (partner's) last visit?\_\_\_\_\_

4. Number of hours you work each day?\_\_\_\_\_Number of hours you sleep each nite?\_\_\_\_\_

5. Number of hours you spend on an enjoyable hobby each day?\_\_\_\_\_

6. Number of hour spent in significant conversation with your spouse (partner) each day?\_\_\_\_\_

Check all that apply to you and/or your spouse (partner)

Condition	ME	PARTNER	Condition	ME	PARTNER
Cries			Depressed		
Difficulty at work			Uses Drugs		
Behaves Impulsively			Has insomnia		
Lazy			Takes Risks		
Sleep problems			Smokes		
Threatens suicide			Suicidal		
Withdraws from others			Verbally Abusive		
Overworks			Worries		
Physically Abusive			Over eats		
Procrastinates			Uses Pornography		
Behaves aggressively			Loses control		
Behaves compulsively			Uses Alcohol		
Too much time "on line"			Distracted from Relationship		
Poor listener			Spend too much time with friends		
Gets too excited			Doesn't care about relationship		

7. Which of these issues are you most concerned about?

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## RELATIONSHIP EVALUATION

8. Describe how much significant time you spend together as a couple and when you spend it. \_\_\_\_\_

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9. Describe five (5) behaviors or tasks that your partner does that you appreciate.

- 1.
- 2.
- 3.
- 4.
- 5.

10. List five (5) personal qualities of your partner that you appreciate.

- 1.
- 2.
- 3.
- 4.
- 5.

11. How frequently do you affirm or reinforce your spouse for the behaviors, tasks, and personal qualities that you described in questions 10 and 11?

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12. List four (4) important requests you have for your partner at this time.

- 1.
- 2.
- 3.
- 4.

13. How frequently do you make these requests?
14. What is your partner's typical response to these requests?
15. List four important requests your partner has for you at this time
  - 1.
  - 2.
  - 3.
  - 4.
16. How frequently does your partner make these requests?
17. What is your typical response?
18. What do you appreciate about your spouse's communication?
19. What frustrates you about your partner's communication?
20. What do you do to let your partner know that you love him or her?
21. What does your partner do to let you know that he or she loves you?
22. What has been one of the most fulfilling aspects of your relationship?



23. What has been one of the most upsetting experiences of your relationship?

24. What personal behaviors would you like to change in yourself?

25. What personal behaviors would you like to see changed in your partner?

26. What personal behaviors would your partner like to see changed in you?

27. What would successful counseling lead to in your relationship?

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MY PARTNER				

	NAME	Age	Sex	Living in the House? Yes, No? Full time? Part Time?	Child is yours, your spouse, or both of yours?
Child					
Child					
Child					
Child					
Child					

Any children lost through death?  YES  NO  
 Any children placed in an institution?  YES  NO  
 Any grandparents or inlaws living in your home?  YES  NO  
 Do you?  RENT  OWN

Type of home? \_\_\_\_\_(apartment, townhome, home, condo apartment, etc.)

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