TRIUMPH CENTER
for child, adolescent, and young adult counseling

Summer Group Program

REGISTRATION FORM

Please be sure to fill out the front and back of this form.
Please return completed form to Reading office.
☐ New Application ☐ Re-enrollment

Location: Reading

Days/Times: Tuesdays, July 10th to August 14th, at 3pm or 4pm (each group is 50 minutes)

Name:_____ **Date of Birth**:____/____/____ **Age**:____**Grade**:_____

Parent Name (1):_____ **Parent Name (2): _____**

Guardian's Name(s): _____Email:_____

Home Phone:_____-_____-_____**W#**:_____-_____-_____**C#**_____-_____-_____

Address: _____ **Town/Zip**:_____

Fees: Interview fee (if applicable): $95.00 ($5.00 convenience fee will be added if paying via credit card)

Group program: $372.00 for the six-week session ($62.00 per session).

_____Enclosed is my prepayment check payable to the **Triumph Center** for $372.00
_____ Please charge my Visa/MasterCard account **($15.00 convenience fee for all credit card payments**):

Acct#:_____ Name on Card:_____

Expiration Date: _____ Signature:_____

PLEASE SEE BACK OF PAGE

Important Insurance Information: The Triumph Center is a provider for some BCBS, HPHC, and some TUFTS insurance plans. Please contact our office to find out whether your insurance will pre-authorize group services and pay for behavioral health benefits. With the exception for covered plans, you will be responsible to pay for your child's group in advance and will then be reimbursed directly by your insurance company. When applicable, we will work with you to complete the necessary paperwork in order for you to utilize your insurance benefit for the group program.

IF ATTEMPTING TO PAY BY INSURANCE:

Name of Insurance Company:_____

Address:_____

Name of Person Insured:_____

Phone:_____

Insurance ID#:_____

Employer's name if coverage is provided by employer:_____

Insurance Plan or Program Name:_____

Do you have a deductible? ___YES ___NO If yes, how much is it?_____

Do you have a Copay? ___YES ___ NO If yes, how much is it?_____

If your insurance pays only a percentage, how much do they cover (in percentage)?_____

IF SCHOOL DISTRICT OR OTHER AGENCY HAS AGREED TO PAY:

WE NEED A SIGNED CONTRACT FROM THE SCHOOL DISTRICT OR AGENCY BEFORE THE CHILD CAN BEGIN TO ATTEND GROUP.

Name of School District or Agency:_____

Contact Person:_____Phone:_____-_____-_____

Billing Address if Known:_____

_____

Notes:

Revised 5/1