



Teressa L. Wilcox, MS, LMFT
Licensed Marriage and Family Therapist
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Family Registration

Full Names & Date of Birth of all family members:

Emails _____

Cell Phone _____

Home Address _____

Family Physician _____ Phone _____

Psychiatrist _____ Phone _____

Emergency contact _____ Phone _____

Office Billing:

Some insurance plans do cover a portion of my services. It is your responsibility to check your plan for coverage. Payment is due at time of service. I will provide you with a receipt, which you can use to bill your insurance company. If you would like my office to bill for you, talk with me to see if this is an option. The initial charge for a 90 min. assessment/diagnostic interview is \$300.00. Follow-up, 45 min. sessions are \$150.00. Payment schedules and reduced fees based on need are available and are arranged during the first session. There is a 24-hour cancellation policy. You can cancel your appointment by leaving a voicemail message at 714-768-2400. If you cancel within 24 hours of your appointment, you will be charged the full fee.

By signing below, I acknowledge that I am responsible for payment and agree to pay for services rendered.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____