



**ELITE COGNITION Psychosocial Rehabilitation GROUP REGISTRATION**

|  |                  |
|--|------------------|
| Today's Date: _____  |                  |
| Who (or program) is completing Registration Form?  |                  |
| <input type="checkbox"/> Self/Participant Guardian <input type="checkbox"/> CCS <input type="checkbox"/> IRIS <input type="checkbox"/> OTHER: _____  |                  |
| <b>Attendee/ Client Information</b>  |                  |
| Full (legal) Name:   | Date of Birth:   |
| Preferred Name:  | Current Age:     |
| Identified Gender:   | Contact Email:   |
| Preferred Pronouns:  |                  |
| Address:   | Phone Number:    |
| Diagnosis/or current mental health struggles (List all):<br>_____<br>_____   |                  |
| *If this client is a minor or has a power of attorney- please complete the following:  |                  |
| Guardian/Parent's Name:  | Phone Number:    |
| Address (if different than client):  | Email:           |
| <b>Group Identification</b>  |                  |
| <b>Which Group at Elite Cognition are you registering for?</b><br>_____<br>_____   |                  |
| What goals will this group help support for you?<br>_____<br>_____   |                  |
| Is there any additional information that would be helpful for the facilitator(s) of this group to know?<br>_____<br>_____  |                  |
| <b>Group Attendance Fee Information</b>  |                  |
| <b>Private Pay Rates-</b><br>8 week groups: \$40/session (paid weekly prior to session)<br><b>OR</b> \$300 Full Payment upfront (prior to first session for discounted rate)<br>10 week groups: \$40/session (paid weekly prior to session)<br><b>OR</b> \$350 Full Payment upfront (prior to first session for discounted rate)<br>12 week groups: \$40/session (paid weekly prior to session)<br><b>OR</b> \$440 Full Payment upfront (prior to first session for discounted rate) |                  |
| <b>CCS Consumers-</b><br>Groups are either psychoeducation or ISDE, depending on content. Once registration is received and consumer is accepted to the group; service facilitators will be notified with number of hours needed to authorize and under which array category.  |                  |
| <b>Insurance-</b> At this time we cannot accept most insurance plans for payment of our group services, unless noted on flyer.   |                  |
| <b>Group Payment Information</b>   |                  |
| *All Credit Card transaction are conducted via Ivy Pay. If you check a box with CC payment option, we will send you information on setting up payment.   |                  |
| <input type="checkbox"/> Cash/Credit Card Weekly (Payment must be completed prior to each session via IvyPay app)<br><input type="checkbox"/> Cash/Credit Card In Full @ discounted rate (Payment must be completed prior to 1 <sup>st</sup> session via IvyPay app)<br><input type="checkbox"/> CCS Programming (Authorization in module should be completed prior to 1 <sup>st</sup> session)  |                  |
| *For CCS clients only* CCS Service Facilitator Contact Information   |                  |
| SF Name:   | Contact Phone #: |
| Agency:  | Contact Email:   |

\*Send Completed Registration Form To: [info@elitecognitionllc.com](mailto:info@elitecognitionllc.com), fax or send to address above

Elite Office Use Only:

Updated: 12/2021

Date Received: \_\_\_\_\_ Group Facilitator: \_\_\_\_\_

SF Contacted:  Yes, on \_\_\_\_\_  No    Plan approved/ Payment received:  Yes, on \_\_\_\_\_  Amount received \_\_\_\_\_