



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"/> QUARTZ <input type="checkbox"/> OTHER: _____	
Attendee/ Client Information	
Full (legal) Name:	Date of Birth:
Preferred Name:	Current Age:
Identified Gender:	Contact Email:
Preferred Pronouns:	
Address:	Phone Number:
*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:
Group Identification	
Which Group at Elite Cognition are you registering for?	
What goals will this group help support for you?	
Is there any additional information that would be helpful for the facilitator(s) of this group to know?	
Group Attendance Fee Information	
Private Pay Rates-	
8 week groups: \$45/session (paid weekly prior to session) OR \$320 Full Payment upfront (prior to first session for discounted rate)	
10 week groups: \$45/session (paid weekly prior to session) OR \$410 Full Payment upfront (prior to first session for discounted rate)	
12 week groups: \$45/session (paid weekly prior to session) OR \$500 Full Payment upfront (prior to first session for discounted rate)	
CCS Consumers-	
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.	
Insurance- At this time we cannot accept most insurance plans for payment of our group services, unless noted on flyer.	
Group Payment Information	
*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)	
<input type="checkbox"/> Cash/Credit Card In Full @ discounted rate (Payment must be completed prior to 1 st session via IvyPay app)	
<input type="checkbox"/> CCS Programming (Authorization in module should be completed prior to 1 st 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, 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 _____