

**Gary J. Neuger, Ph.D.**  
422 E. Vermijo Ave., Suite 305  
Colorado Springs, CO 80903  
(719) 219-6220

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## General Instructions for New Patients of Dr. Neuger

1. You will need to complete the following paperwork and return it to Dr. Neuger before an appointment can be scheduled. Once we receive your paperwork we will contact you to set up your first appointment. You can scan and email the completed paperwork (call for email address), fax it back (219-6228 **after 5:30 PM PLEASE**), mail it back, or drop it off in person. If you fax or email it back to us, please then bring all of the originals with you to your first appointment.
2. Arrive for all of your appointments *on time*.
3. Dr. Neuger's office is in the Downtown Executive Center. This is a 4-story brick building on the northeast side of Wahsatch and Vermijo. The building is offset to the east and north of the intersection, but it is not hard to spot. It has a metal pyramid on the south end of the top of the building, and the words "Downtown Executive Center" on the side. (see picture below)
4. Free parking is provided in the parking lot located between the building and Wahsatch. Enter the double glass doors at the middle of the west side of the building.
5. Check in with the receptionist on the first floor and wait there for your appointment. **DO NOT GO UP TO THE THIRD FLOOR UNTIL INSTRUCTED BY THE RECEPTIONIST TO DO SO.**
6. Follow-up appointments are scheduled with the receptionist. Payments for services rendered are made directly to Dr. Neuger.



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**INSURANCE FORM (Please Print)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

How will you be paying for services rendered by Dr. Neuger? Self Pay (If self pay, skip to page 2) Insurance (complete rest of form)

**INSURANCE INFORMATION:** Dr. Neuger is happy to bill insurance on behalf of his patients. He asks for your assistance in billing correctly by giving him complete and accurate information. Please complete the information below. It is imperative YOU CALL YOUR INSURANCE COMPANY to answer the questions in italics. The information on your insurance card usually does not apply to your mental health benefits. Many patients find this form helpful in determining what their mental health insurance benefits actually are. Thank you for your time and efforts in obtaining correct information. Complete a separate form for each carrier.

Insurance Company: \_\_\_\_\_ Subscriber #: \_\_\_\_\_ Group #: \_\_\_\_\_

Billing address for claims: \_\_\_\_\_

Claims phone #: (\_\_\_\_) \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Member Services phone #: (\_\_\_\_) \_\_\_\_\_ Mental Health Phone #: (\_\_\_\_) \_\_\_\_\_

*What is the name of the division that handles my mental health benefits?* \_\_\_\_\_

*Phone #:* (\_\_\_\_) \_\_\_\_\_ *Name of person spoken with:* \_\_\_\_\_

*Is Gary J. Neuger, Ph.D. a member of my network?* Yes No *Is prior authorization required?* Yes No

*If yes, please authorize an initial visit (CPT code 90801) and follow up visits (CPT codes 90804 & 90806) with Gary J. Neuger, Ph.D. for a one year period.*

\_\_\_\_\_  
*Authorization Number*      *Dates Valid*      *Number of Sessions and CPT Codes Authorized*

\_\_\_\_\_  
*Authorization Number*      *Dates Valid*      *Number of Sessions and CPT Codes Authorized*

\_\_\_\_\_  
*Authorization Number*      *Dates Valid*      *Number of Sessions and CPT Codes Authorized*

*What is the effective date of my insurance coverage?* \_\_\_\_\_ *Is my plan an:* HMO PPO Other \_\_\_\_\_

*What is the renewal calendar date or specific contract date?* \_\_\_\_\_

*What is my individual deductible?* \$ \_\_\_\_\_ *How much has been met to date?* \$ \_\_\_\_\_

*What is my mental Health Co-Pay or Percent Covered by Insurance?* \$ \_\_\_\_\_ or \_\_\_\_\_ %  
Co-Pay \$ amount      Percent amount

*What is my Parity Diagnosis Co-Pay? (Colorado State Law states some mental health diagnoses have the same co-pay as medical)?* \$ \_\_\_\_\_ or \_\_\_\_\_ %  
Co-Pay \$ amount      Percent amount

*How many mental health visits am I allowed per year?* \_\_\_\_\_ *How many remain for this year?* \_\_\_\_\_

*Do I have any annual or lifetime maximum coverage limit for mental health?* \_\_\_\_\_

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*Print legibly and provide All information requested*

**CLIENT INFORMATION**

Today's Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Race: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status (circle): S M Sep Div Wid Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Education Completed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer: \_\_\_\_\_

Name

Address

Your Occupation

Spouse (parent, if patient is a child):

\_\_\_\_\_

Name

Age

Years Married

Education Completed

Occupation

Closest blood relative not living in your home: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

May Dr. Neuger contact this person? If so, please sign and date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

If you are self-referred, how did you find Dr. Neuger (check all that apply):

Dex Yellow Pages under Hypnotherapy \_\_\_\_\_

Dex Yellow Pages under Psychologists \_\_\_\_\_

Other (please identify): \_\_\_\_\_

Online:

thecityofcoloradosprings.com \_\_\_\_\_

Other (please identify): \_\_\_\_\_

dexonline.com \_\_\_\_\_

www.hypnosis.name \_\_\_\_\_

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**OFFICE POLICY and FEE AGREEMENT**

**CONFIDENTIALITY** The confidentiality of psychological records is protected by Colorado State law. If you wish Dr. Neuger to discuss your case with another party, you must complete an Authorization to Release Information. If you are involved in a lawsuit for psychological or neuropsychological damages, your authorization to release information to the parties involved is implied. The law requires the doctor to release confidential information in the case of suspected child abuse, potential harm to oneself or others, or if subpoenaed by the court.

**CANCELLATIONS AND MISSED APPOINTMENTS** Notice of at least 48 hours is required to cancel an appointment. This means that if you “no-show,” or cancel an appointment within 48 hours of the scheduled time, you will be billed for the appointment. Exceptions will be made only in the event of severe illness, a true emergency, or dangerous driving conditions due to severe weather. *Lack of transportation for any reason and scheduling conflicts with work or other activities do not constitute an emergency.* A scheduled appointment is time reserved specifically for you with Dr. Neuger. If you do not keep your appointment it cannot be charged to insurance, and you will be held responsible for payment in full. Do not assume that a cancellation within 48 hours will not be charged to you unless such has been stated to you by Dr. Neuger or his staff.

**FEES and INSURANCE** Payment in full is expected at the time of service, unless other arrangements have been made with Dr. Neuger, or expressly prohibited by your insurance. Dr. Neuger’s fee is \$160.00 per hour. A discount of \$20.00 is offered if payment in full (\$140.00) is made **at the time of service**. Payment after the date of service no longer qualifies for this discount. An exception is made for credit card payments (see below). You are responsible for all charges incurred for services rendered, even if health insurance may eventually pay a portion. If you have insurance, you are expected to know your benefits and to pay your deductible and copay when they are due. Cash, check, or credit card (via PayPal.com) are accepted. Returned checks will be charged triple the amount. Credit card payments will incur a small credit card processing fee (approximately 3.3%).

If paying by credit card, after your session you will receive an invoice via email from PayPal which will provide step-by-step instructions on how to complete the transaction. **If your credit card payment is not made within 24 hours of the invoice, your payment will no longer qualify for the time-of-service discount, the invoice will be cancelled, and you will receive an invoice for the full fee.** If payments are not made in a timely fashion the account will be subject to interest at 1.75% per month and a rebilling fee of \$7.00 per month. If it becomes necessary to enlist the services of a collection agency, you will be held responsible for any costs incurred in that process including attorney’s fees, court costs and a collection fee equaling 50 percent of the balance due. If collection action is instituted, your name and the type of services provided (e.g., “counseling”) may be disclosed to the extent necessary to enable us to prove any claim for fees and costs not paid. However, further details regarding you and your treatment will not be disclosed when such disclosure would violate the psychologist-client relationship established by the standards of professional conduct governing licensed psychologists, or when disclosure is otherwise prohibited by law.

**AFFIRMATION**

I have read and fully understand all of the above, am aware of Dr. Neuger’s hourly fee, and agree to the terms stated.

\_\_\_\_\_  
Patient or responsible party

\_\_\_\_\_  
Gary J. Neuger, Ph.D. or agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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Colorado Psychology License #1236  
Dr. Neuger earned his Ph.D. in Clinical Psychology from the University of North Texas in 1984

## **YOUR RIGHTS AS A PATIENT**

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies. Any questions, concerns or complaints regarding the practice of mental health may be directed to the State Board listed below.

Board of Psychologist Examiners  
Department of Regulatory Agencies  
1560 Broadway, Suite 1370  
Denver, CO 80202  
Phone: (303) 894-7766

You are entitled to receive information about methods of therapy, the techniques used, and duration of therapy, if known, and the fee structure.

You may seek a second opinion from another therapist or may terminate therapy at any time.

You should know that in a professional relationship, sexual intimacy is never appropriate and should be reported to the Grievance Board.

You should understand that information provided by you during therapy is legally confidential in the case of psychologists. There are exceptions which can be discussed and will be identified should any such situations arise during the therapy.

I have been informed of my therapist's degrees, credentials, and licenses (see top of page). I have also read the preceding information and understand my rights as a patient.

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Patient Signature  
(Parent or guardian for a minor)

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Date

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Gary J. Neuger, Ph.D.  
Licensed Clinical Psychologist

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Date