**Bishop’s Assistance Form**

Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Ward Members Receiving Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bishop and Ward Clerk’s Names and e-mails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bishop’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Therapy Fees: $150.00 Initial Evaluation

$ 120.00 per Regular Session

Lara became licensed in 2019. Members are now welcome to submit invoices for insurance reimbursement to their insurance providers.

Please check desired therapy length:

0-12 weeks\_\_\_\_\_\_\_\_\_ 3-6 months\_\_\_\_\_\_\_\_\_ 6-12 months\_\_\_\_\_\_\_\_\_

We encourage ward members to contribute to therapy costs whenever possible.

Bishop’s contribution $\_\_\_\_\_\_\_\_\_\_ Member’s contribution $\_\_\_\_\_\_\_\_\_\_\_

Signatures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Bishop)

Please send payment to 1911 United Way Medford, OR 97504

If you have any questions please reach out to Michelle or Lara 541-773-2999.