

Leslie S. Tsukroff, Inc.
 68 North Bridge Street Somerville, New Jersey 08876
 973-879-1678

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PLEASE INDICATE WHICH FORMS YOU WISH TO PURCHASE

*** suggested forms**

**List A
 \$15.00 Each**

	Sample Billing Statement/Invoice
	Sample Payment Tracking Log
	Sample Client Rights
	Sample Treatment Plan- completed *
	Sample Progress Note- completed *
	Sample Closing/Termination Summary *
	Sample Treatment Update
	Sample Letter Regarding Increase In Fees
	Sample Income Disclosure Form for sliding scale
	Sample Completed CMS-1500
	Sample Delinquent Account Notices/Collection Letters
	Fax cover sheet/e-mail confidentiality notice
	List Of Tax Deductibles
X \$15.00	SUBTOTAL LIST A

**List B
 \$15.00 Each**

	Guidelines for Writing An Office Policies Document * (Informed Consent)
	Guidelines for Writing a Financial Policy/Agreement * (Informed Consent)
	Guidelines for Writing a Communications/Use of Technology Policy * (Informed Consent)
	Guidelines for Writing a Use of Tele-therapy Policy-Consent * (Informed Consent)
	Guidelines for Developing A Practice Will
	Guidelines for Informed Consent for Provisionally Licensed Employees
X \$15.00	SUBTOTAL LIST B

**List C
 \$50.00 Each**

	Sample Intake/Bio-Psycho-Social- Adult/Child *
	Sample Child And Adolescent Questionnaire – Pretreatment Questionnaire
	Sample Client Information, Including Documentation and Verification of Insurance Benefits *
	Sample Client Check-In Form – Tool to Address Current Issues, Symptoms, Changes
	Sample Symptoms Checklist – Tool to Measure Client’s Progress Via Symptom Management
	Sample agreement working with minor w/parental separation/divorce *
	Sample Confidentiality/Privacy Notice – minors (2 notices) *
	Sample letters to guidance/physicians/other providers for Coordination of Care
	Sample Couple/Marital Informed Consent
	Sample Consent for Collateral Attendance Waiver/Agreement
	Group therapy tip sheet
	Supervising post-master (LSW) Tip Sheet
	2023 CPT Codes when and how to use codes * (NEW)
	List of forms/documentation procedures for a compliant case record (COE, NJ Lic Laws, HIPAA, Best practice)*
X \$50.00	SUBTOTAL LIST C

List D
\$35.00 Each

	Sample Policy to engage in Tele-therapy/remote psychotherapy (Informed Consent)
	Sample Policy- Return to In-Person Treatment (Informed Consent)
X \$35.00	SUBTOTAL LIST D

LIST E - BUNDLE PACKS

\$70.00 Per Bundle Pack

	Sample Termination Letters includes all of the following (not sold individually)
	➤ Client Ends AMA
	➤ Mutual Ending
	➤ Therapist Terminates Treatment
	➤ Guidelines for Writing a Termination Letter
	Sample Fee Agreements & Policies for all of the following (appointments, cancellations etc.) * (\$20 each if sold individually)
	➤ Managed Care/In Network
	➤ Out of Network
	➤ EAP
	➤ Private Pay
	Sample Authorization for Use and Disclosure of Information forms all of the following* (\$15 each if sold individually)
	➤ For other health professionals, schools, attorneys etc. MH Version
	➤ For other health professionals, schools, attorneys etc. SA Version
	➤ For 3rd party payer (insurance/EAP) MH Version
	➤ For 3rd party payer (insurance/EAP) SA Version
	➤ Revocation Of Authorization To Disclose Information
	SUBTOTAL LIST E (BUNDLE PACKS)

	TOTAL COST LIST A
	TOTAL COST LIST B
	TOTAL COST LIST C
	TOTAL COST LIST D
	TOTAL COST LIST E
	TOTAL
	TOTAL DUE

PLEASE SEE NEXT PAGE FOR PAYMENT INFORMATION

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PAYMENT INFORMATION

You may call Leslie to pay by Credit Card over the phone.

Please print
clearly

NAME
ADDRESS
PHONE
E-MAIL
AMOUNT ENCLOSED

INDICATE METHOD OF PAYMENT

<input type="checkbox"/>	CASH
<input type="checkbox"/>	CHECK ENCLOSED PAYABLE TO LESLIE S. TSUKROFF, INC.
<input type="checkbox"/>	CHECK #
<input type="checkbox"/>	CREDIT CARD
<input type="checkbox"/>	CC #
<input type="checkbox"/>	CC EXPIRATION DATE:
<input type="checkbox"/>	V-CODE:
<input type="checkbox"/>	CARDHOLDER'S SIGNATURE: