

***NOTE: PLEASE COMPLETE & FAX OR MAIL PACKET TO REGISTER / 2023-2024**

SARATOGA STRESS REDUCTION PROGRAM

(KINDLY HELP US BY PRINTING LEGIBLY – THANKS!)

Name: _____

Address: _____

E-mail: PLS. PRINT LEGIBLY _____

*****PERMISSION TO EMAIL YOU ABOUT CLASS? (EX: SNOW / CANCELLATION) _____ YES _____ NO**

Best Phone #(s) for you: if listed this means it is OK to call & leave msg.

CELL _____

HOME _____

WORK _____

Date of birth: _____ / _____ / _____

How did you hear about our program? _____ Radio _____
Newspaper/Magazine _____ Our Newsletter _____ Online _____ Word of Mouth
_____ From a Graduate of the Program. Other Comments or Referent

If a medical professional referred you, please write their name, specialty,
and contact information (Address & Phone #) so we may thank them:

Name of your Primary Care Practitioner with Address & Phone #
(this can be a Physician, PA or Nurse Practitioner):

If you are currently under the care of any physicians in addition to the ones listed above please list them here with Address & Phone #:

We believe in collaborative healthcare. May we inform the practitioners you've listed on this form that you are in our program? We will NOT disclose any information other than your enrollment.

Yes No

Are you currently in psychotherapy? Yes No

If yes, may we inform your therapist that you have registered for our program?

Yes No

Again, We will NOT disclose any information other than your enrollment. Therapist's name (Address & Phone #):

Do you have any concerns about your use of drugs (prescription and/or recreational) and/or alcohol use?

Yes No

(Please explain)

What is your occupation?

Do you have any current issues (medical, psychological, family, etc.) you would like us to know about that may affect your participation in this program?

What makes you happy?

What are your greatest worries?

Please list three goals you would like to achieve over the course of this program

1.

2.

3.

SARATOGA STRESS REDUCTION PROGRAM PAYMENT INFORMATION

SCHEDULE OF PAYMENTS:

Without insurance, the total Program cost is \$600*, which includes 8 classes, workbook, guided meditations and yoga for home practice, plus an extended retreat. *Check our website to see if we accept your insurance.

- Your Registration Form & non-refundable payment of \$200 is due BEFORE Class #1 and enables you to receive all course materials via secure password and reserves your space in class.
- Payment Balance (or your 8 co-pays if using insurance) is due over 8 classes.

We accept cash, checks made out to “SSRP,” or you can visit our PAYMENT WEB PAGE for information about how to use PayPal or any Credit/Debit Card:

<http://www.oneroofsaratoga.com/ssrs-program-payments/>

*A sliding fee scale is available for those who qualify, if we do not accept your insurance. Contact Dr. Selma Nemer at 518-461-5792 to inquire.

Mature adolescents (ages 15+) are permitted to take the program if accompanied by a parent or caregiver.

AGREEMENT with The Saratoga Stress Reduction Program:
I have read and understood the above fees for the SSRP, including non-refundable amounts. I understand that I am responsible for paying the above fees for the Saratoga Stress Reduction Program.

SIGNATURE (REQUIRED)

DATE

PLEASE CALL DR. SELMA NEMER (518-461-5792) WITH ANY QUESTIONS.

We look forward to having you in class!

SARATOGA STRESS REDUCTION PROGRAM INSURANCE & PAYMENT INFORMATION

OPTION 1- YOU CAN PAY FOR THE PROGRAM OUT-OF-POCKET: If you are NOT using your health insurance to pay for the Saratoga Stress Reduction Program, the total Program cost is \$600. Visit the “SSRP Program Payments” web page for PayPal & credit card payments. <http://www.oneroofsaratoga.com/ssrs-program-payments/>

OPTION 2- YOU MAY BE ABLE TO PAY FOR THE PROGRAM WITH YOUR HEALTH INSURANCE: Insurances we accept are listed on our website oneroofsaratoga.com. You are responsible for eight weekly co-pays plus a \$200 non-refundable Registration/Materials fee, which cannot be billed to insurance. This \$200 **is due before Class 1 with REGISTRATION**, and enables you to receive all course materials via secure password. All of the co-pays may be over 8 class sessions. We accept cash or checks made out to "SSRP." Visit the “SSRP Program Payments” webpage for PayPal & credit card payments. <http://www.oneroofsaratoga.com/ssrs-program-payments/>

WE REQUIRE ALL OF THE FOLLOWING INFORMATION TO BILL YOUR INSURANCE.* NOTE – WE ARE NOT PROVIDERS WITH MEDICARE OR MEDICAID. (PLEASE PRINT CLEARLY):**

YOUR NAME _____
STREET _____ CITY _____ ZIP _____
Your PHONE _____
DATE OF BIRTH _____
NAME OF INSURANCE COMPANY _____
BILLING ADDRESS OF INSURANCE COMPANY (for claims – see back of your insurance card) _____
ID # (w/ suffix) _____ GROUP # _____

A.) The registration/materials fee is \$200, due before class #1 and enables you to receive all course materials via secure password and holds you place in class.

B.) Do you have a co-pay? _____ YES or _____ NO. How much is your co-pay per visit? _____. (SSRP co-pays are usually the same as for your primary care Dr.). Calculate your TOTAL co-pay amount by multiplying the above number x 8 weekly classes = _____. This amount (total for all co-pays) may be paid at class 2. **ADD THE \$200 (registration/materials amt) to this total co-pay amt (co-pay x 8) to get your TOTAL CLASS FEE*: \$ _____.**

C.) *If you have a deductible, please answer the following questions:
How much is your annual deductible? _____. How much will remain at the start of class? _____. When does your policy renew? _____.

IMPORTANT NOTICE**
IF YOU HAVE A DEDUCTIBLE, you will be responsible for paying the entire course fee of \$600.
We will bill your insurance and the “insurance allowable” will apply towards your deductible. This \$600 **INCLUDES** co-pays for all eight classes and payment for the Retreat and Course Materials of \$200. **It is all-inclusive.** Forms of payment: We accept checks written to “The Saratoga Stress Reduction Program (SSRP)” or cash. We accept credit cards at our **ONLINE PORTAL ONLY.** <http://www.oneroofsaratoga.com/ssrs-program-payments/> We are happy to provide a receipt for students seeking reimbursement from health savings accounts.

AGREEMENT with The Saratoga Stress Reduction Program: If my insurance company denies coverage, I understand that I am responsible for paying a \$50 fee per class attended, and if I do not complete the program, I understand that my \$200 registration/materials fees are non-refundable.

SIGNATURE OF CLIENT (REQUIRED) _____ DATE _____
PLEASE CALL DR. SELMA NEMER WITH ANY INSURANCE QUESTIONS, 581-461-5792

SARATOGA STRESS REDUCTION PROGRAM INFORMED CONSENT AGREEMENT

The Stress Reduction Program includes skill training in relaxation and meditation methods as well as gentle stretching (yoga) exercises. I understand that if for any reason I am unable to, or think it unwise to engage in these techniques and exercises, either during the weekly classes or at home, I am under NO obligation to engage in these techniques, nor will I hold the Saratoga Stress Reduction Program, its presenters or the facility liable for any injury incurred from these exercises.

Furthermore, I understand that I am expected to attend the eight weekly class sessions in addition to the All-Day Retreat. I understand that to achieve the best results I need to dedicate roughly 30 minutes a day to my homework during the course.

Date _____

Please Print
Name _____

Signature (Required) _____

Parent or Guardian Signature
_____ (If a Minor)

THE ONE ROOF MAILING LIST

The Saratoga Stress Reduction Program is affiliated with the One Roof Holistic Health Center in downtown Saratoga Springs. Selma & Pierre are part of a community of healthcare practitioners working together to provide a model of integrative medicine to complement the traditional medical model. We send out a monthly Newsletter with holistic healthcare and meditation information, as well as other information relevant to your experience here at the Stress Reduction Program. Please check your preference below:

_____ Yes!

I would like to be put on the One Roof email newsletter mailing list.
(We do not sell our list to anyone ever – and generally send one announcement per month.)

_____ Thank you – I already receive your newsletter!

_____ No thank you.

I do not want to be added to the One Roof email mailing list at this time.

(Call or email us anytime in the future - if you wish to be added!)