

PATIENT REGISTRATION FORM

Date: ____ / ____ / ____

Doctor's Name: _____

Patient Name: _____

Parent/Responsible Person For Account & Treatment: _____ Relationship: _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Telephone# @ Home: (_____) _____ @ Work#: (_____) _____

Cell Phone # (_____) _____ Email: _____

Where can a message be left regarding appointments? _____

Patient Social Security Number: _____ - _____ - _____ Birthday: ____ / ____ / ____

Employer or School: _____ Occupation / Grade: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Telephone# @ Home: (____) _____ @ Work: (____) _____

Primary Physician Name and Phone: _____

Whom may I thank for referring you? _____

FINANCIAL & INSURANCE INFORMATION

Will you be paying for visits without using any insurance (self-pay)? YES NO (If yes, please skip insurance section)

Insurance Company: _____ **PPO?** _____ **Telephone#:** _____

Insured Name: _____ Relation to Patient: _____

Social Security Number: _____ - _____ - _____ Insured Birthday: ____ / ____ / ____

Group #: _____ ID # or Policy #: _____

Employer Name & Address: _____

Address of Insured if different from Patient: _____

I understand that my Doctor may bill to my insurance plan directly as a courtesy to me. I furthermore understand that I am fully responsible for all charges for visits with my Doctor and that includes any charges which cannot be billed to my insurance plan including phone consultation time, or missed appointment charges. I finally understand that my Doctor has a 24 hour cancellation policy and if I do not cancel a scheduled appointment with at least that much notice that I am fully responsible for all charges for that reserved time.

Signature and Printed name of person financially responsible for account

Date

Financial Policy

We are committed to the successful treatment of your condition. Please understand that payment of your bill is considered part of your treatment. Your clear understanding of our Financial & Practice Policies are important to our professional relationship. Please see your doctor directly if you have any questions regarding this.

- ❖ If your doctor is a participating provider of your insurance network, then we are happy to bill your insurance company directly as a convenience offered to you. You must keep your doctor informed immediately regarding any changes to your insurance if we are billing to your plan on your behalf.
- ❖ If payment is not received from the insurance carrier or other responsible 3rd party within 90 days, the outstanding balance will be transferred and billed to you directly.
- ❖ If you do not have insurance, your doctor is not in your insurance network, &/or you do not have your insurance card, then full payment is due at the time of service. We accept payment in the forms of cash, check, and VISA or Mastercard.
- ❖ All patients must complete and update the Patient Registration Form & associated forms on an annual basis.
- ❖ 24 hours minimum notice is required for a cancellation of a reserved session time, or YOU WILL BE CHARGED the full session fee. Please be aware that your insurance will not accept claims for cancellation / missed session fees.

Self Pay

All Payments are due in full at the time of service unless prior arrangements have been made (i.e. ongoing authorization to charge a VISA kept on file for visits, etc.)

Insurance Pre-Authorizations

All co-payments are due at the time of service if we are billing directly to your in-network insurance plan. If your doctor is a participating member of your insurance plan, you will not be billed outside of your co-payments, co-insurance, and deductible as long as your doctor has the necessary referrals and authorizations. Please note: You must pre-authorize your first session if required by your insurance. We may be able to obtain this authorization when we verify your benefits; however, if your insurance does not cover a visit prior to the first authorization, you will be responsible for full payment of that initial visit.

Usual and Customary Rates

We are committed to provide the best treatment possible for our patients and we charge what has been researched to be well within the usual and customary fees for our area. If your doctor is not in network with your insurance company, you are responsible for payment in full for a session regardless of any insurance company's arbitrary determination of usual and customary rates.

