Evansville Psychiatric Associates Registration

Patient: First Name_____ Middle Initial_____ Last Name _____

DOB: _____ **Social Security #**_____ Gender: ❍Male ❍Female

Address: _____ City: _____ZIP: _____

Home #_____ Cell # _____ Work #_____

Employer: _____ EMP Phone #: _____

Patients E-mail address: _____

Local Pharmacy/Zip Code I use primarily: _____ (Choose one)

We would like to be able to communicate with your primary care provider to improve care and avoid drug interactions.

Primary Care Provider: _____ Phone: _____

Parents if Minor Child or Emergency Contact:

Name: _____ Relationship: _____Phone: _____

DOB:_____ SSN:_____ Email: _____

Address: _____ City: _____Zip: _____

Name: _____ Relationship: _____Phone: _____

DOB:_____ SSN:_____ Email:_____

Address: _____ City: _____Zip: _____

Primary Insurance: SUBSCRIBER NAME: _____ Employer_____

Address _____ Phone # _____

Subscriber DOB _____ Subscriber SSN: _____

Insurance CO:_____ Ins Phone# _____

Subscriber ID#_____ Group #_____

Secondary Insurance: SUBSCRIBER NAME: _____ Employer_____

Address _____ Phone # _____

Subscriber DOB _____ Subscriber SSN _____

Insurance _____ Ins Phone# _____

Subscriber ID#_____ Group #_____

Evansville Psychiatric Associates Consent to Treat

N**on-covered services**, forms, letters, mailings, or non-approved (by insurance) appointments are billed directly to the patient/guarantor. We do not bill Medicaid. Change of Insurance or enrollment in Medicaid requires immediate notification to this office and you must pay directly for any non-covered costs.

Payment is due at time of service. Known co-pays and deductibles are due at time of service. Unpaid services that must be invoiced are subject to billing fees /late charges. Fees unpaid after 90 days may be turned to a third party collections agency. An additional fee of 33% will be added to the account and patients are responsible for this fee, and additional court costs and attorney fees. Checks returned for NSF will be charged up to $30.

If you are prescribed Schedule II medications, our office provides 3 ways to obtain monthly refills: Preferred is by messaging or Prescription Mail Program. Ask at the desk if you need further information. **Daily (maintenance) medications should be requested through your pharmacy. If your INSURANCE requires a PA** (Prior Authorization), your pharmacy will contact us and we will do our best to complete *their* requirements within 72 hours. PA's are solely due to your insurance; when your prescriber wrote the prescription *that was THEIR authorization*. If you are prescribed any Schedule II or IV drugs, you could be asked to complete an impromptu pill count or drug screen test. Keep your prescription(s) and medication(s) in a secure location. Some prescriptions are not replaceable.

Cancellation policy: Rescheduling must be made 24 hours in advance. Late cancellations or non-attended ("no-show") appointments will be billed a clinic and provider fee. Patients who have 2 No-Show or Late Cancellations within a 6 month period may be terminated from services without further warning. **You must be on time for your appointment.**

We are not a walk-in clinic. We do not have emergency staffing; always call ahead so we can provide better service. **Preferred method of communication is through the website portal.** When you leave a phone message, always leave a complete message with proper spelling of the patient name, the date of birth and what it is that you need. We will return your call as quickly as possible, but it may be the next day. When a follow-up appointment is requested, **schedule your next appointment.** We have an after-hours answering service for emergencies.

I authorize my insurance company to make payment directly to Evansville Psychiatric Associates for all appointments and charges made at Evansville Psychiatric Associates, unless I pay in full at the time of service. I understand that medical records may need to be released to my insurance company in order to substantiate claims. If needed, my signature may remain on file for use to file Medicare claims that I am responsible for. This office abides by **HIPAA privacy laws**. A copy of HIPAA regulations can be obtained on line or at our front desk.

Office closings due to inclement weather will be posted to our Facebook page www.facebook.com/evansvillepsychiatric and phoned in to the local TV stations. Good mental health care requires mutual trust. We expect patients to be honest and we expect appropriate behavior in our clinic. We also ask you to report any problems to our office manager.

_____ _____

Signature of Patient Date

_____ _____

Signature of Parent/Guardian acknowledging the above. Date

(Please provide us with Court or other documentation as necessary. Indiana family law holds both parents ultimately responsible for medical bills.)

_____ _____

Witness Date