Evansville Psychiatric Associates
Complete Outpatient Mental Health Care

2015 Maxwell Avenue, Evansville, IN 47711
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REGISTRATION AND CONSENT TO TREAT AND OFFICE POLICY REVIEW

Patient Name: First: _____ Middle: _____ Last: _____

Preferred Name: _____ DOB: _____ Social Security # _____

Gender: ○Male ○Female ○Transgender Male ○Transgender Female ○Non-Binary/Genderfluid

Address: _____ City/State: _____ ZIP: _____

Home # _____ Cell # _____ Work # _____

Employer: _____ Emp Phone # _____

Patient's email address: _____

Preferred Local Pharmacy/Street address: (Choose one) _____

Doctor/NP/PA: _____ Phone: _____

Primary Insurance: (You need to verify you are in network with us **BEFORE** your appointment. We **DO NOT** verify your in-network status for you.)

Subscriber Name: _____ Employer:_____
DOB: _____ SSN: _____ Email: _____
Address: _____ City/State: _____ Zip: _____
Insurance Company: _____ Ins Phone # _____
Subscriber ID # _____ Group # _____

Secondary Insurance:
Subscriber Name: _____ Employer:_____
DOB: _____ SSN: _____ Email: _____
Address: _____ City/State: _____ Zip: _____
Insurance Company: _____ Ins Phone # _____
Subscriber ID # _____ Group # _____

Emergency Contact(s): (If the patient is under 18, please complete this section with parent names)

Name: _____ Relationship: _____ Phone: _____
DOB: _____ SSN: _____ Email: _____
Address: _____ City/State: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____
DOB: _____ SSN: _____ Email: _____
Address: _____ City/State: _____ Zip: _____

PLEASE INITIAL:

____ ARRIVE & CHECK IN EARLY/PAYMENT EXPECTED AT TIME OF SERVICE: Check in 5 minutes before your appointment. The Patient Portal can be used to update all demographics. For in-office visits, please have your Driver's License/state ID and insurance card(s). Copays are due at time of service *unless previously arranged with our billing department*. Payments may be made via the Patient Portal or by phone. We accept cash, check, VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS.

____ CREDIT CARD ON FILE: We ask you to keep a credit card on file with our office. You may always pay by other means at check in, but if payment is missed, then we will charge it for you and it prevents missed copay fees and statement fees. Any unpaid balances and fees will be processed for you. If you are delinquent or sent to collections, a new credit card on file is required. All statements are sent by email. If we do not have a current card on file, missed copay/coinsurance fees and statement fees apply to all balances.

____ SMS Consent Policy: You consent to receive text messages from our practice regarding appointments, care instructions, billing updates, and other health-care related information, including links for telehealth appointments. Message frequency may vary and standard message and data rates may apply.

____ BILLS: Statements are emailed and may be paid online, by phone, by mail, or in office. Payment is required upon receipt of statement. Charges left unpaid after 90 days may be sent to collections without additional notice. Collection fees are set by state law and incur an additional 33% fee that is the patient's responsibility. Returned checks incur a non-sufficient fund (NSF) fee per Indiana allowance. If we are required to send a printed statement, an additional mailing fee will be added (see front desk for current fee).

____ NON-COVERED SERVICES: Services not covered by insurance are the patient's responsibility. This includes out of network charges, whether with primary or secondary insurance. Other examples are letters, forms, mailings and certain *types* of appointments. We do not traditionally allow appointments with two different providers on the same day, as such situations may not be covered by insurance and could cause the full cost of the appointment(s) to fall on the patient. It is your responsibility to know how, or if, your insurance covers your services. We will not verify for you if our providers or services are in-network with your plan. Insurance policies vary widely in coverage and change periodically. Your insurance policy is a contract between you and your insurance company. Likewise, our relationship is with you as a patient and *not* the insurance company.

____ Rx INSURANCE: If your insurance assigns prescription benefits to another policy, we need that information as well. If you have separate coverage for your prescription benefits, we will need this information to complete prior authorizations for your prescriptions.

PATIENT PORTAL: The Patient Portal uses your email address as your username and is accessed through our website. For minor children, the username for the account is your email with a "+childsname" modification inserted between the user name and the domain,e.g. youremail+childsname@domain.com. Emails will come directly to your email address.

Your Patient Portal is HIPAA compliant and secure, and can be used to pay your bill, request refills, make/change/cancel appointments, and send messages to your provider. You can send a message 24/7 and we will respond on the next business day and/or when we hear back from your provider.

If you are having trouble with your password, follow the reset password prompts or contact the office.
If you do not have online access and need to call, leave the nurses only *one* message.

NOTIFY US IMMEDIATELY OF INSURANCE CHANGES to include Medicaid enrollment**.** New policies require a verification of benefits, and may need pre-authorization or a change of provider. We do not bill traditional Medicaid, and those fees could become your responsibility. If you add Medicaid as a secondary insurance, the nurses may be unable to complete medication prior authorizations for you if your prescriptions are billed through Medicaid.

COURTEOUS WAITING ROOM BEHAVIOR is expected. Guest Wi-Fi is available. Do not talk on your phone, play audio aloud, or use a camera in our waiting room. If you cannot agree to these requests or are otherwise disruptive, you will be asked to leave and refunds will not be issued.

FOLLOW-UP APPOINTMENTS: Your provider will discuss when you need to return for a follow-up appointment. Schedule your follow-up at check-out.For telehealth, please send a portal message after your appointment to request your follow-up and tell us the dates and times that would work best for you. If you are a therapy client and need a specific weekday and/or time for your appointments, you may schedule up to four future appointments with your therapist, and after each appointment, you may schedule an additional appointment on your provider's schedule. If you no-show/late cancel, future appointments are subject to cancellation.

If you are seeing a provider who prescribes medications for you, you must schedule/attend all requested appointments. You must have a follow-up appointment scheduled in order for the nurses to be authorized to handle refills, prior authorizations, and any paperwork you need for FMLA, ESAs, life insurance forms, etc.

REFILLS: Check with your pharmacy *first* to make sure if you have refills or a prescription *on hold/ on file*. If you submit refill requests by entering prescription numbers, make sure you are using *your most current bottle*. If you still need a refill, send a message through the Patient Portal. Patient Portal requests are the preferred method for refill requests. Request all Schedule II and III prescriptions 3-5 business days in advance to prevent delays.

Patients who are prescribed controlled medications are subject to random pill counts or Urine Drug Screens as part of the requirements of the Controlled Substances Act. If you are selected, then you must comply with the pill count on the same business day or submit a urine sample to a lab within 24 hours. You must keep your contact information current and make your voicemail is able to accept messages.

CANCELLATIONS: Use the Patient Portal to notify us of cancellations. Please cancel with at least 48 hours' notice. Appointments that are missed or cancelled in less than 24 hours are subject to a missed appointment fee. If you are late, the provider may be unable to see you. If you have 2 or more missed and/or late canceled appointments, you are subject to having your case closed without additional warning. Arriving late for an appointment may be considered a missed appointment. Telehealth appointments follow the same guidelines. If you are forced to miss an appointment or arrive late due to a verified emergency, please speak to the office staff. Missed appointment fees require payment and review by management before rescheduling.

If there is an illness, quarantine or a transportation problem, please notify us and we will do our best to arrange a telehealth appointment for you. If your provider has a similar issue, they may also request to complete your appointment by telehealth. Some insurances differ on coverage for telehealth services. You are responsible for knowing the parameters of your insurance policy. Patients will be held responsible for telehealth services if they are not covered under the insurance benefits.

Office closings due to inclement weather, electrical outage, or natural disaster will be posted to our website and Facebook page https://m.facebook.com/evansvillepsychiatric/, or X (formerly Twitter) @EvvPsychiatric. If we are able to arrange telehealth visits on those days, you will be contacted through the Patient Portal. Keep your contact information current with the office so we can reach you for emergencies.

PRIVACY: We follow HIPAA privacy regulations. The policy is on our website. Your providers may communicate with each other for coordination of care. Your providers may use transcribing software that utilizes AI for the purpose of dictation. This software does not release any identifying info outside of the clinic. Your health information remains confidential to our office with only a few exceptions: (1) Your insurance company may request records for payment, to approve a medication, or as part of an audit (2) Court subpoenas (3) Child or elder abuse as mandated by state law.

Outside of these very specific situations, information and records are released only with your authorization. Authorizations may be signed for a single release, a specific time period, or for the duration of your active patient status in our clinic. If you wish to allow someone to be able to speak on your behalf, request appointments, or handle billing, make sure we have a completed release that includes their name, their contact information, and the timeframe for the release.

TELEHEALTH APPOINTMENTS: We use a HIPAA compliant platform for telehealth. We need your accurate email address and cell number. Telehealth invitations are sent early on the day of your appointment. Please call us immediately if you do not see your telehealth email. Make sure to check all email folders and spam. Your telehealth room name changes with each appointment.

Open your email and scroll to the bottom of your message. The room link is in a grey box at the end of your email. The grey box is a hyperlink that will open your telehealth room. If you are using a smartphone or tablet, make sure you have the GOOGLE MEET APP downloaded on your device. If you join early, or if your provider is running behind, your request to join may time out. If this happens, simply request to join again.

You must have a good internet connection and private space for your telehealth appointment. When you open your link, your device may ask for permission to access your camera and microphone for the appointment. Do not take calls or open other programs on your device during this time, as you may miss when your provider connects. If you are having trouble connecting, our office may call you. If you live out of state, you may be required to come across state lines or to the office even for a telehealth appointment. *This is dependent on your state's laws*. If you are required to come to the office, we will provide a private space and tablet for your appointment.

RECORD REQUESTS: Records can be faxed to a new provider at no charge. Requests for printed records must be approved by your provider and will incur fees per state standards (labor fee plus print page fees by number of pages and additional fees for urgent requests for printing within 48 hours or less, and certification). Attorney, disability and life insurance requests may incur fees.

AFTER HOURS EMERGENCIES: If you have an emergency after hours, you may reach a provider through the answering service. Please follow the prompts on our phone tree, 812-422-7974. If it is a non-urgent request, please use the portal or leave a phone message at the office.

PARENTS AND PARENTAL SEPARATION: The person who brings the child in for treatment is responsible for payment of any copay or balance due at time of service. If there is a divorce situation, the parent or adult who brings the child to the appointment is responsible for charges unless a credit card is on file already.
We an provide a receipt so that the responsible party can be reimbursed. We will not bill third parties for payments of balance due.
We require a copy of any court orders in instances where there is a custody issue, restraining order, or Power of Attorney that we need documented.
The appointment that your child has with their health care provider is the child's appointment and should be a safe space for them. We do not engage in releasing records to a parent seeking litigation involving their child's custody, etc. If records are subpoenaed by the court, we will follow procedure and fax them directly to the judge or officer of the court as ordered.

Per HHS.Gov: *"HIPAA also allows a healthcare provider to determine, based on professional judgment, that treating someone as a patient's personal representative for HIPAA purposes would endanger the patient, and to refuse to treat the person as a personal representative under those circumstances. This applies whether the patient is an adult or a minor child."*

COURT APPEARANCES: We do not traditionally perform court-ordered services. If you subpoena your clinician to be a witness for a court case, be advised: these requests will require prepayment in full for the clinician's time to include preparation, travel, and testimony and cancellation of a day or more of appointments. These fees range from $250-600/hour. If your clinician is treating your child: be aware that court involvement with your child's therapist is not therapeutic for your child, and may influence the therapeutic relationship the child has with the provider.

TRUST: Good mental health care requires mutual trust. We expect patients to be honest with their providers. We also ask that administrative staff be treated with respect. Aggressive, abusive, discriminatory, or destructive behavior will not be tolerated. If you have a complaint or suggestion for improvement, please allow us the opportunity to hear it first. We take pride in providing excellent service, and we would love to have your feedback. We appreciate the opportunity to address any issues when possible.

By signing this form you acknowledge that you have read and understand the above information, rights, and responsibilities. By signing this form, I authorize my insurance company to make payment directly to Evansville Psychiatric Associates unless I choose to pay for all services in full at time of service. I understand that medical records may need to be released to my insurance company in order to substantiate claims.

Signature of Patient: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(Required if patient is under 18)
Relationship of Parent/Guardian to patient: _____
Provide a copy of any custody agreement, court judgments, or POA papers necessary.

Witness: _____ Date: _____