



## PATIENT INTAKE AND CONSENT TO TREATMENT

1538 The Greens Way, Suite 101  
Jacksonville Beach, Florida 32250  
(904) 543-0161

### PATIENT INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: Other \_\_\_\_\_

City: \_\_\_\_\_

Social security #: \_\_\_\_\_ Home #: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Which doctor/therapist will you see today? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Child Patient

School: \_\_\_\_\_ Grade: \_\_\_\_\_ IEP (y/n): no 504 plan (y/n): no

Other special program(s): \_\_\_\_\_

### Adult Patient

Employer or College: \_\_\_\_\_ Type of work or major: \_\_\_\_\_

### RESPONSIBLE PARTY (if other than patient)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### INSURANCE INFORMATION

Name of policy holder: \_\_\_\_\_ Insurance Co.: \_\_\_\_\_ Insurance type: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Employer: \_\_\_\_\_ Insurance phone #: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### CONSENT TO TREATMENT

I hereby consent to evaluation/examination and treatment. I hereby affirm that I am of legal age and otherwise competent to consent to medical treatment. If not, the person signing below represents that he or she is a parent, legal guardian or person otherwise allowed by law to consent to the examination and treatment of the patient, and by his or her signature hereto so consent. *Please read additional pages in this packet for general office policies.*

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent, Legal Guardian, Etc. (if necessary) \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## **INTRODUCTION**

This document contains important information about our professional services and business policies. Please read it carefully and write down any questions you may have so that we can answer them at your next appointment. When you sign this document, it establishes an agreement between the patient and/or the patient's representative (hereinafter termed "you") and Marsh Landing Behavioral Group, Inc. (hereinafter termed "MLBG", "we" or "us").

## **DURATION AND NATURE OF TREATMENT**

Both individual and family psychotherapy typically involve regularly scheduled weekly or bi-weekly appointments with your doctor or therapist. Medication management appointments with your physician are usually one to three months apart, but may be more frequent early in treatment, or when medication changes are being made. The frequency of appointment reflects guidelines established by the Food and Drug Administration (FDA) and Drug Enforcement Agency (DEA). The total duration of treatment depends upon your diagnosis, your compliance with treatment, your response to treatment, and other individual variables. Medically, our goal is to alleviate your symptoms as rapidly as safety permits, and we do not prolong treatment unnecessarily.

## **CONFIDENTIALITY**

All information about you and your treatment is confidential and will not be disclosed to anyone without your written consent EXCEPT: 1) if your physician or therapist believes you are in imminent danger to yourself or to another person; 2) if a person under 18 is being physically, emotionally, or sexually abused by another person; 3) if a court subpoenas your physician or therapist; 4) if an insurance company that is reimbursing for your treatment requires information about your diagnosis or treatment; 5) if information in your record is necessary for emergency medical care (e.g., you are being treated in a hospital emergency room and the treating physician needs information from MLBG). In all other cases, MLBG will never acknowledge that you are a patient here or you sign a release of information. Each physician and therapist at MLBG keeps separate professional/medical records. If you are seeing more than one professional at MLBG, your signature on this document authorizes them to communicate with one another about your treatment. We believe this benefits you by improving our ability to coordinate care. However, you may revoke your consent by notifying us of your wishes in writing.

## **MINORS**

All members of the family, including children and adolescents can expect their privacy to be protected except in the circumstances described above. However, parents/legal guardians may have a legal right to see a minor's treatment records. Before giving parents/legal guardians this information, the minor's physician or therapist will discuss the matter with the patient if possible, addressing any objections the patient may have. We may deny access to records if we believe that it may be harmful or endanger the minor. As previously noted, confidentiality will be suspended and the parents notified if the minor patient is deemed dangerous to himself or to someone else. It is imperative that a signed and notarized copy of a power attorney is on file with MLBG if a minor child is accompanied to appointments without a legal guardian. We require that the minor child be accompanied by a legal guardian at all appointments.

## **RIGHTS TO YOUR RECORDS**

You are entitled to a copy of your records, or a summary thereof, unless your physician or therapist believes that access to those records would be emotionally damaging to you (for example, if your physician or therapist believes that medical terms used in records would be misinterpreted by a non-clinician). In this event, we recommend that you review your records with a mental health professional who can clarify any information you don't readily understand. We will furnish your records to a mental health professional of your choice. Patients will be charged an appropriate fee for copies of records. You can ask us in writing to correct health information that you think is incomplete or inaccurate. You may also at anytime ask us in writing for a list of who we have shared your health information with within the past seven years.

## **OFFICE HOURS**

Regular front desk office hours are Monday through Thursday 8:00 a.m. to 5:00 p.m. and Friday 8:00 a.m. to 12:00 p.m. Our telephone hours are Monday through Thursday 8:00 a.m. to 12:00 p.m. and 2:00 p.m. to 4:30 p.m., and Friday 8:00 a.m. to 12:00 p.m. If office hours change for holidays, we will include them in our after-hours recorded message.

## CONTACTING US

ALWAYS REMEMBER: If you have a potentially life-threatening emergency and need help, CALL 911 or GO TO AN EMERGENCY ROOM IMMEDIATELY. You can contact MLBG once the situation is stabilized. For situations which can be handled via telephone, you can call our office during office hours and speak to a member of our staff. Our physicians and therapists are usually with patients during business hours and may not be able to take your call immediately, so be prepared to give a detailed message and our staff member will consult with your physician or therapist and will call you back or have the physician or therapist return your call. *The details are crucial to obtaining a prompt and accurate response from us.* Urgent matters are handled first. Please do not communicate with our office via fax or email since we utilize this mode of communication for outgoing data only. If you need to speak with a physician or therapist urgently after hours, MLBG has an on-call service for emergencies. Call our regular office number (904) 543-0161 and follow the recorded instructions for reaching our on-call service and they will page the professional you need. We do not utilize nurses, physician assistants or other paraprofessionals in our practice, so you will receive a call from a psychiatrist or therapist.

## PRESCRIPTION REFILLS

Your attendance at appointments, face-to-face with your physician or therapist, is essential to successful treatment. We cannot treat you without seeing you. Therefore, we handle your medications, medication changes and refills at your regular office appointment during normal business hours. Your physician will write you a prescription with adequate refills to last until your next scheduled appointment. If you cannot make it to that return appointment, call during normal office hours to reschedule it as soon as possible and you may then request a partial refill to use until your rescheduled appointment. **We will be unable to refill any medications if you have not been seen within the last 4 months.** Please give our physicians 2-3 days to review your chart for medication refill requests. **Lost Stimulant prescriptions will not be replaced without a police report and stimulant prescriptions will not be refilled over the weekend.** We do not refill prescriptions outside of appointments, except as specified above. This policy helps to ensure that you receive the best care possible.

## APPOINTMENTS

Your appointment time is scheduled only for you; we do not overbook at MLBG and therefore if you cancel your appointment with at least 24 hours' notice, we can give that appointment to someone else and you will not incur a cancellation fee. If you cancel with less than 24 hours' notice, that appointment time is considered lost and you will be charged a cancellation fee. **NOTE: If you cancel your appointment after 12:00 p.m. (noon) on Friday or anytime during the weekend for a Monday appointment, you will be charged a late cancellation fee.** We use an automated phone call or text messaging reminder system as a courtesy to patients and we ask that you do not solely rely on this to remind you of your appointment. If you arrive for your appointment and find that your clinician is running late, we apologize for the inconvenience. In many cases, the delay results from an emergency involving another patient or family and your physician or therapist needs extra time to handle the situation. Should you have an emergency, we will do the same for you. If your wait will be more than a few minutes, we will inform you as promptly as possible and offer to reschedule your appointment if necessary. If you choose to wait, be assured you will receive the same careful attention during your appointment. You are responsible for making and keeping your appointments. We will accommodate school and work demands by providing documentation as needed. If you miss a scheduled appointment, we will work with you to reschedule your appointment. However, if you have missed several appointments or have a pattern of missed appointments, or you do not schedule a follow-up appointment in 120 days, you are considered to have discontinued treatment. We will consider that you have discharged from our practice. You may request to return to MLBG at a later date. If you need unscheduled urgent care, we will make every effort to open time for you as quickly as possible.

## TERMINATING TREATMENT

MLBG will advise a patient to seek treatment elsewhere when a patient's actions indicate that he or she has disengaged from treatment. The following are some examples of situations warranting termination of treatment: 1) the patient misses two or more appointments; 2) the patient is noncompliant with treatment recommendations; 3) the patient misuses or abuses prescribed medications; or 4) the patient behaves in an abusive, threatening or inappropriate manner towards MLBG professionals, staff or other patients.

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Print Patient Name

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Date of Birth

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Signature of Patient/Responsible Party (18 years or older)

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Date

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Witness

# Financial Policy

## PAYMENT AND INSURANCE

I understand that Marsh Landing Behavioral Group, Inc. (hereinafter termed "MLBG", "we" or "us") does not accept Medicare, or Medicaid. Payment for services will be due at the time of your appointment and new patient and testing fees will be collected when checking in. Because our practitioners are independent, they may or may not participate with insurance networks, and may change their participation at any time. Our front desk staff can provide specific details about which providers participate with your insurance. If you are using insurance and your physician or therapist is *in network*, you will pay a fixed cost determined by your insurance company, unless a deductible or co-insurance applies. Initially, MLBG will estimate your payment based on limited information from your insurance company. A credit or debit to your account will be issued if the initial estimate was inaccurate. Insurance benefits are a contract between you and your insurance company and does not guarantee payment to Marsh Landing Behavioral Group (MLBG). As a courtesy, our staff will help you obtain information about your insurance benefits and will submit your claims for you, however, MLBG will not become involved in disputes between you and your insurance company regarding your benefits. If you have questions about insurance and billing, please ask our front office staff.

## AVOIDING UNPAID BALANCES

We want this practice to be available to care for our patients for many years to come. One way we can do this, is by minimizing expenses associated with billing and collecting so that we can focus on providing extraordinary health care; for this reason, we require that your account be settled with each visit and therefore we ask that you store a credit card on file and authorize MLBG to automatically bill the credit card on file if payment is not made.

Accounts with unpaid balances after 90 days are subject to a collection agency and additional fee will be assessed to cover the cost of this service. MLBG will release pertinent information needed to a collection agency to collect on any past due debts.

*MLBG will not become involved in financial disputes between separated or divorced families and/or other issues arising from divorce or separation. Payment for services is due in full at the time of the appointment and a detailed receipt will be provided.*

## FEE DISCLOSURE FOR NON-COVERDED COSTS

Many services that our patients require are covered by their insurance, but there are some services such as prior authorizations, letters, and consultations with other professionals which are considered valuable to our patients that are not covered under insurance. These types of additional services require a substantial amount of a physician's or therapist's time outside of their scheduled appointments and since MLBG does not utilize nurses, physician assistants or other paraprofessionals in our practice, our professionals do this work themselves. MLBG must compensate these professionals for their services and therefore, the following charges will apply:

### Professional Services:

Letters to employers, schools, attorneys, etc.	based on hourly rate per provider
Disability, FMLA paperwork, etc.	based on hourly rate per provider
Comprehensive chart reviews	based on hourly rate per provider
Consultation with schools, attorneys, etc.	based on hourly rate per provider
Prescriptions between appointments or lost prescriptions	\$35.00 first prescription and \$10.00 each additional
Insurance-required prior authorizations for medication	\$25.00 per chart pulled/reviewed
<i>Out-of-network</i> authorization, completed by the clinician	\$25.00 per form or telephone call to obtain coverage by insurance

An **additional fee may apply** for documents that need to be completed sooner than 7 business days from the date of the initial request.

**Office Services and Fees:**

First missed appointments/ No Show	\$95.00
Subsequent missed appointment/ No Show	\$Full Session Fee
Cancelled appointments >24hrs.	\$0.00
First cancelled appointment <24hours.	\$65.00
Returned checks (NSF)	\$35.00
Medical records to non-providers or patients	\$1.00/page for the first 25 pages, then \$0.25/page thereafter

Fees may apply for other services that are not listed and are subject to change. Please note that cancelled appointments must be made prior to 24 hours before your appointment time to avoid a fee. If your appointment is on a Monday, our office closes at noon on Friday and all cancellations for Monday must be made prior to noon on Friday.

MLBG will advise a patient to seek treatment elsewhere when a patient's actions indicate that he or she has disengaged from treatment. The following are some examples of situations that warrant termination of treatment: 1) the patient misses two or more appointments; 2) the patient is noncompliant with treatment recommendations; 3) the patient misuses or abuses prescribed medications; or 4) the patient behaves in an abusive, threatening or inappropriate manner towards MLBG professionals, staff or other patients.

**ASSIGNMENT OF BENEFITS**

I authorize Marsh Landing Behavioral Group, Inc. to bill my insurance directly for services rendered to me and I authorize my insurance company to send payments for services directly to Marsh Landing Behavioral Group, Inc.

**Initial only if you DO NOT want to use insurance:**

initial I *will not use* any insurance benefits to pay for services provided by Marsh Landing Behavioral Group, Inc. Therefore, I am not disclosing any insurance information to Marsh Landing Behavioral Group, Inc at this time. If I choose to use insurance at a later date, I will provide MLBG with my insurance information.

**RELEASE OF RECORDS FOR BILLING PURPOSES**

I authorize Marsh Landing Behavioral Group, Inc to release information to my insurance carrier(s), or other third-party payers' agencies which may be needed to process my insurance claim(s) or collect overdue balance(s). I have been informed that such information may include details of my mental health evaluation and treatment, alcohol and substance abuse diagnosis and treatment (if applicable), HIV status, or AIDS diagnosis (if applicable).

**ACKNOWLEDGEMENT**

I have received a copy of this document, I have read it, and I understand the policies described in it. I understand that I am entering into a binding agreement with MLBG. I authorize the assignment of benefits and the release/receipt of medical/mental health information as described herein.

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Print Patient Name

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Date of Birth

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Signature of Patient/Responsible Party (18 years or older)

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Date

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Witness



## Credit Card Authorization Form

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I hereby give Marsh Landing Behavioral Group permission to process payment(s) using the credit card noted below for billed services.

I understand that at any time I may withdrawal my credit card information on file with MLBG.

Visa     MC     AMEX     DISC     HSA

<b>Credit Card Type:</b> Please Circle	Visa	MC	AMEX	DISC	HSA
Name on Card: _____					
Card #: _____					
Expiration Date: _____		CVV: _____	Billing Zip Code: _____		
Phone Number: _____					
<i>If the primary card on file is an HSA card, please add secondary credit card below</i>					
Name on Card: _____					
Card #: _____					
Expiration Date: _____		CVV: _____	Billing Zip Code: _____		

Cardholder's Printed Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date: \_\_\_\_\_