

LAWRENCE J. CONELL, M.D., PLC

PATIENT REGISTRATION

Welcome to our office. We are committed to providing the best, most comprehensive care possible. We encourage you to ask questions. Please assist us by providing the following information. All information is confidential and is released only with your consent. Please fill in the blanks below the line.

Patient Name		Date of Birth	Sex	Age
Nickname or Preferred Name:			Marital Status	
Guarantor's Name if not same as Patient		Social Security Number	Date of Birth	
Patient's Social Security Number		Driver's License No.		
Home Address	City	State	Zip	
Mailing Address if Different	City	State	Zip	
Home Telephone Number	Work Telephone Number	Cell Phone #		
Occupation		Employer's Name or if Student, Name of School:		
Employer's Address	City	State	Zip	
Spouse's Name		Employer		
Patient's Family Physician (Doctor's Name not Group)				
Whom May We Thank for Referring You to Our Practice?				
NOTIFY IN CASE OF EMERGENCY				
Name		Relationship		
Address	City	State	Zip	
Home Telephone		Work Telephone		
DO WE HAVE YOUR PERMISSION TO:				
Leave a message on your answering machine at home?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attempt to reach you at your place of employment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leave a message at your place of employment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discuss your medical condition with any member of your family?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, with whom:		Relationship:		

FINANCIAL POLICY STATEMENT AND AGREEMENT ON REVERSE
Please give this form and driver's license to the receptionist when you arrive.

Welcome to the practice of Lawrence J. Conell, M.D., PLC.

My goal is to provide a quality psychiatric assessment, and to help develop, in collaboration with you, a treatment plan to address your specific needs.

- Please bring up questions/needs/issues at each appointment (written notes are often helpful, so you don't forget important concerns).
- When scheduling an appointment, please inform staff of any recent hospital or emergency department visits, so records can be obtained prior to your visit.
- Please bring all medications and/or supplements, in their original containers, to every appointment.
- Appointments are made at an interval that seems appropriate at the initial or last visit. If the situation changes please contact the office to see if an earlier appointment is available.
- Between visit contacts/needs:
 - In a potentially life threatening emergency go directly to the nearest emergency department.
 - Messages that are left with staff, voice mail, or answering service are usually responded to within one business day. **(There may be a fee for contact requiring accessing your records.)** It is best if you can leave a detailed message and a fee may be able to be avoided if a response can be made through our staff.
 - Please leave call back numbers where we will be able to reach you.
- As a non-participating physician with all insurance plans including Medicare and Medicaid, payment is due at the time of service. We accept cash, checks, visa and MasterCard.
- A statement of services will be provided to you for filing to your insurance carrier for out of network reimbursement. For those patients choosing not to file to their carrier a self-pay discount will be applied to all fees upon check out.
- Please provide 24-hour notice to cancel or re-schedule an appointment to avoid a \$50.00 missed appointment charge. Payment of this fee will be expected before any future appointments are made. This fee is non-refundable and will not be applied to any other patient responsibility.
- There is a \$50 fee for all returned checks.
- There is a minimum charge of \$25 for all letters and requested form completion, with fees of \$50 and \$75 for longer forms.
- In the event your account is in arrears, all accounts over 90 days past due may be transferred to our collection service. In the event this occurs, you will be responsible for all collection service fees, interest and all legal fees associated with collecting the account.
- Telephone requests for prescription refills may result in a \$10.00 processing fee per prescription. (Please allow a two business day turnaround for prescription refill requests.)
- In addition to the above, there may be a reasonable charge for the copying of medical records. These fees are state mandated.

Patient Signature

Date