

New Patient Questionnaire and Consent

Complete each question. Please bring your insurance card and driver's license to your appointment.

Patient Name: _____ Date of Birth: _____

Street Address _____ Sex: Male Female Other

City: _____ State: _____ Zip Code: _____

Home Phone#: _____ Cell #: _____ leave message Yes No

Circle One: Single Married Divorced Separated

Occupation: _____ Employer: _____

Email: _____

Guardian or Spouse: _____ Phone#: _____

In case of Emergency _____ Phone# _____

Insurance Information

	Primary Carrier	Secondary Carrier
Insurance Company:		
Subscriber's Full Name:		
Subscriber's Birthday		
Policy ID Number:		
Group Number:		
Relationship to Patient:		
Address of Subscriber:		

- I authorize Beach Counseling to provide medical treatment, release medical information for insurance purposes, to bill claims to my insurance company, and to receive direct insurance payments.
- I understand that I am financially responsible for payments of all services unless other special financial arrangements are made with the office prior to service. **Insurance does not guarantee payment.**
- As a courtesy, this office will file your insurance claims for you. If your insurance company does not make a payment on your behalf, you **are responsible for the allowable amount.** If your insurance company inadvertently mails the payment directly to you, it is your responsibility to pay your balance.
- If there is default of payment of any amount due, and the account is placed in the hands of an agency/attorney for collection or legal action, you will be charged an additional fee equal to the cost of collection, including agency and attorney fees, court cost incurred and permitted by law governing these transactions. You will be responsible for attorney fees related to collections.
- There will be a fee of \$50.00 for missed/cancelled appointment without 24 hour/business day notification. There will be a fee of \$30.00 for all returned checks.

By my signature, I acknowledge that I have read and understand the terms of this agreement.

Signature of Patient/Guarantor

Relationship

Date

Patient Acknowledgement of Policies

- To schedule or **cancel your appointment**,
 - Please call (757) 233-1500 during office hours M-F 9-5pm. Notify us 24 business hours in advance.
 - A message after hours or weekend is not considered 24 hours, business day notice.
 - We do not monitor email after hours or weekends.
 - Two missed appointments and we may refer you out of the practice.
- I understand Beach Counseling Center staff must be treated with respect **AT ALL TIMES**. Abusive language, **rude behavior**, threats, and harassment will not be tolerated. Failure to observe common courtesy towards our staff may be cause for discharge from the practice.
- **Missed Appointment Fees** –
 - A \$50.00 appointment fee will be charged for all appointments cancelled without giving 24 hours, Monday to Friday 9-5pm. Insurance will not pay for missed appointments, or late cancellations.
 - You agree to pay for any missed appointments, or less than 24 hours' business day cancellation.
- After hour's **emergencies**, please call, **(757) 651-3003**. **Please keep these calls to emergencies only.**
 - **Emergency** – a **crisis situation** that occurs after-hours and **cannot wait until the following business day** for a response.
 - If this is an emergency, please go to the nearest hospital emergency room or dial 911.
 - **Prescription refill** is not an emergency. Calls to the emergency number will not be taken.
- **Texting, emailing or calling your therapist**
 - Your therapist may call from their personal cell at times. Please **do not call, email, or text** your therapist directly. Please **do not give sensitive information in an email** for your therapist.
- **Medication** – to refill a prescription, 4 to 5 working days are needed.
- **Payment** is expected at the time of service.
- **Insurance**
 - We file insurance as a courtesy to you. Payment is not guaranteed by your insurer.
 - You are responsible for any amounts not covered by your insurance.
- **Fee Schedule** I agree and understand the fee schedule. I received a copy of the fee schedule.
- **Patient Copy for Office Policies.** I received a copy of the policies.
- There is a **return check charge** of \$30.00.

HIPAA (Health Insurance Portability and Accountability Act)

- Your therapy session is held in the strictest confidence. No information will be released without your written permission. Exceptions are in the HIPAA statement.
- I understand and have the right to request a copy of my HIPAA (Privacy Policy.) I understand that I have the right to review the notice prior to signing this consent.
- I have the right to request restrictions as to how my health information may be disclosed to carry out treatment, payment, or healthcare operations. I understand that I may revoke this consent in writing for future disclosures.

I understand that as part of my healthcare, this practice originates and maintains health records describing my health history symptoms, test results, diagnoses, treatment, and any plans for future or treatment. I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the health professionals who contribute to my care.

A means by which insurance companies verify that services billed were actually provided.

If you would like a copy of our HIPAA policy, please ask the receptionist and one will be provided.

Signature of Patient/ Guardian

Relationship to patient

Date

Patient Copy for Office Policy

Appointment Information

Because appointment hours are reserved for you, we ask for **24 hours' advance notice (NOT AFTER HOURS OR WEEKEND)** if you need to cancel or change your appointment. There is a late cancellation or no show **fee of \$50** that is not covered by insurance.

- Office phone – 757-233-1500
- 24-hour business notice is: Monday to Friday, 9am to 5pm. Please call during office hours to cancel. **We do not answer the phone after hours.**
- **Weekend or after hours' cancellations are not considered during office hours.**
- **An email sent at night or over the weekend will not** be answered until the next business day.
- If you have a Monday appointment, please call the office to cancel or reschedule by Friday, 5pm.
- A last-minute cancellation prevents another patient from being seen.

Emergencies

An emergency is typically a **crisis situation** that occurs after-hours and **cannot wait until the following business day** for a response. Our on-call therapist is available to current clients and will answer calls during those times. For extreme emergencies, please go to the nearest hospital or call 911. If you are a current patient with an emergency, please call 757-651-3003.

- When the office is closed, do not hesitate to call us if an emergency arises.
- If your therapist is not on-call, another therapist will respond to your call if you cannot wait until the next business day.
- **PRESCRIPTION REFILLS IS NOT AN EMERGENCY AND WILL NOT BE FILLED.**

Business Hours/Telephone Calls

Our office will answer the phone between the hours of 9am to 5pm for all calls.

- **Please do not email, text, or call the personal phone for your therapist.** They may call you from time to time to communicate, but all communication should be done through the office.

Medication Refills

- If you require paperwork to be filled out by our office, please allow 7 business days for this to be completed.
- **CALL 4 TO 5 WORKING DAYS IN ADVANCE TO HAVE MEDICATIONS REFILLED.**
- Refills will be made during regular office hours, Monday through Friday. **REFILLS WILL NOT BE MADE AT NIGHT, ON HOLIDAYS OR WEEKENDS.**

Insurance

- It is your responsibility to let the office know of any change in your insurance prior to your appointment. Failure to do so, may result in you being fully responsible for your session.

If you are rude to any of the staff members, by phone or in person, you will be discharged from the practice.

Fee Schedule

The following is a list of services that would not be covered under your insurance policy. These charges are payable at the time that the services are requested.

Transfer of Medical Records:

Search and handling:	\$20 (Virginia State Statue 8..04-413)
Per page, first 50	\$.50/per page
Per page, 51 and above	\$.25/per page

Court Appearance:

Minimum two (2) hours	\$150/per hour
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Disability Forms/FMLA: \$45

Standard Letters: \$45

Missed Appointments: \$50

Return Check Charge: \$30

Beach Counseling LLC

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