Puget Sound Behavioral Medicine
2553 76th Ave SE, Mercer Island, WA 98040
p.206/275-0702 f.206/275-0702 ADHD nurse 206/275-0703
http://psbmed.com/

PATIENT REGISTRATION

PATIENT INFORMATION:

Name____ Date of Birth _________________M____F____

Home Address____

City ____ State _____ Zip _________ - ________

Home Phone ____ / ____ - _____ Cell Phone ____ / ____ - _____Work phone ____ / ____ - _____ x ______

E-Mail Address ____________________________________ Occupation________________________________

RESPONSIBLE PARTY, if other than patient:

Responsible Party____

Home Address____

City ____ State _____ Zip _________ - ________

Home Phone ____ / ____ - _____ Cell Phone ____ / ____ - _____Work phone ____ / ____ - _____ x ______

E-Mail Address ____________________________________

OTHER CONTACT:

Name____ Relationship to patient _______________________

Home Address____

City ____ State _____ Zip _________ - ________

Home Phone ____ / ____ - _____ Cell Phone ____ / ____ - _____Work phone ____ / ____ - _____ x ______

PAYMENT POLICY: The Puget Sound Behavioral Medicine Clinic requires payments for in-office and phone consultation services at the time they are rendered. Payment may be made by cash, personal check or credit card (Visa or MasterCard). As patients are expected to maintain a zero balance, our office does not send patient statements.

INSURANCE BILLING: It is not our policy to bill insurance carriers for our patients. We will provide patients with receipts that may be submitted to your insurance carrier for reimbursement. If we are contacted by your insurance carrier, we do not release information without first sending you a consent form authorizing us to release the requested information. Patients/Responsible Parties are responsible for all charges whether or not they are covered by your insurance.

APPOINTMENT CANCELLATION POLICY: The clinic requires that cancellations for scheduled appointments be received 24 hours in advance AND during regular office hours. (Monday through Friday 8:30am to 5:00pm). **Missed or cancelled appointments that do not follow this policy are charged a missed appointment fee.** This fee can equal but will not exceed the fee for the time originally scheduled. Insurance companies do not pay missed appointment fees and the patient/responsible party is held fully accountable for this charge.

I have read and understand the above stated policies of the PSBMed Clinic. ____ _________

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY *(date)*
(required)