

EMPIRE PSYCHIATRY & MEDICINE, PLLC
1527 EMPIRE BLVD
WEBSTER, NY 14580
T 585-670-0507 F 585-257-9722
OFFICE HOURS TUESDAY- THURSDAY
8AM-4PM

PATIENT REGISTRATION

Name (Last, First, MI) _____ DOB _____ Sex M F

Street Address _____

City, State, Zip _____

Please check which phone number(s)/email we are authorized to contact you at and leave messages/email, if necessary:

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address _____

Please authorize how you would like to receive appointment reminders:

Text cell phone Call cell phone Email Call other phone _____

Occupation _____ Employer/School Name _____

Employer/School Address _____

Emergency Contact Name _____ Phone _____

Relation _____ Street Address _____

City, State, Zip _____

Whom may we thank for referring you? _____

PATIENT SIGNATURE _____ DATE _____

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FINANCIAL POLICY

Welcome to our practice, we ask that all our patients read, understand, and accept our Financial Policy.

We ONLY accept the following methods of payment: CASH, MASTER CARD, DISCOVER or VISA.

We do not accept health insurance, you will be responsible for the full charge of the service before your visit.

Payment is due **at the time of service**. Failure to pay a may result in cancellation of your scheduled visit and be considered a missed appointment. There will be a \$15 fee added to your account for any outstanding balance not paid at the time of your appointment. If you arrive late for a scheduled appointment, we reserve the right to reschedule your appointment and charge you for a missed appointment.

Your appointment time is reserved especially for you and it is your responsibility to notify us if you are unable to keep your scheduled appointment. If you fail to notify us of cancellation 48 hours prior to a scheduled appointment, or if you do not show for a scheduled appointment, we will charge your account the full amount of the visit, ranging from \$100-\$175. This fee is due prior to your next scheduled appointment. This fee may be waived one time per calendar year if you cancel due to an emergency. If there is a second emergency cancellation in a calendar year, you will be charged for the second cancellation. In order to be compliant with our 48 hour policy, you must cancel your appointment by 5:00 p.m. two business days prior to the scheduled appointment. For your convenience, we have a 24 hour answering machine; messages are time stamped and cancellation messages will need to be compliant with our policy.

If you are charged for three No Shows and/or Late Cancellations in one year, you will be subject to dismissal from the practice.

Mailed checks returned for insufficient funds will have an added fee of \$25 in addition to the original amount owed.

I have read and agree to the terms of the Financial Policy described above.

I have been given a copy of the Office Medication Policy, and agree to the terms of the policy.

I have been given the opportunity to read and review the privacy policy of the office.

Signature

Name

Date

We are dedicated to providing you with the best care and service possible. Thank you for accepting responsibility for prompt payment.