

# RICHARD W. DAVIS, PH.D.

Licensed Psychologist- Doctorate

For Office Use:

Dx Code:

Special Instructions:

## New Patient Information

Date \_\_\_\_\_ Referred By \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Sex:  Male  Female Date of Birth \_\_\_\_\_  
Marital Status:  Single  Married  Divorced  Separated (If Student:  Full Time  Part-time)  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent's or Guardian's Name (If Applicable) \_\_\_\_\_

## Insurance Information

Primary Insurance Carrier \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Please list any Secondary Insurance Carriers on the back of this form

Subscriber's Name (if not patient) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Subscriber's Date of Birth \_\_\_\_\_ Sex:  Male  Female Employer \_\_\_\_\_  
Patient's Relationship To Insured:  Self  Spouse  Child  Other \_\_\_\_\_  
Certificate # \_\_\_\_\_ Group # \_\_\_\_\_

### Please sign the applicable statements if insurance will be used:

I authorize the release of any medical records or any other information necessary to process insurance claims related to professional services provided to me by Richard W. Davis Ph.D.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize payment of medical benefits by my insurance carriers directly to Richard W. Davis, Ph.D. for professional services provided to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Continued on reverse side)

92 ADAMS STREET/ BURLINGTON, VT 05401/ 802-863-6114

ASSOCIATES IN PSYCHOLOGY  
An Affiliation of Private Practices

## Fees & Insurance

Fees are \$150.00 for Initial Evaluations and \$125.00 per 50 minute Psychotherapy Sessions. Payment should be made at the time of each appointment.

The financial responsibility for psychological services falls upon the patient regardless of insurance coverage. If you elect to use insurance to pay for services, a bill will be provided for you to submit to your carrier or I will be happy to mail a computer generated claim to your insurance company for you. Due to contractual arrangements with some PPO, HMO and Managed Programs it may be necessary for me to bill your insurance company directly. In such cases, a more detailed contract outlining payment obligations will be needed. (See attached) **Any other arrangements must be made in advance.** Accounts delinquent beyond 90 days will be turned over to a collection agency or attorney for collection in full.

## Cancellations

**48 hours** notice must be given for a canceled session or full fee will be charged to the patient. Please note that your insurance carrier can not be billed for such charges. In the event of an emergency cancellation, when 48 hour notice is not possible, the patient may reschedule the appointment within a week or two without an additional charge.

## Forensic Fees

Note that I must be involved in litigation because of services provided to you: (1) I must be paid a forensic fee, which will be different from the regular in-office fee; (2) a retainer must be paid in advance, which will be an estimate of the minimum time that will be required for forensic services; and (3) out-of-office services will be charged on a portal-to-portal basis. The forensic fee will be applied to all services connected to litigation, including but not limited to telephone conferences, preparation of reports, depositions, and court appearances.

## Confidentiality

Your right to confidentiality is protected by Federal and State law. Information about you and which you disclose in session will not be repeated without your written consent except in the following situations:

1. If you are a danger to yourself, others, or the property of others I am required by law to take measures to protect the safety of all involved.
2. I am required by law to report cases of abuse or suspected abuse of children, the elderly, or disabled individuals to the appropriate state authorities.
3. I may be required to divulge information and records by court order or subpoena. This usually occurs in situations involving the need for hospitalization, child custody, or personal injury lawsuits.
4. Occasionally to insure the highest standards of care, mental health professionals consult with colleagues. During such consultations, care is taken to protect the identity of the patient.

Please be aware that if you elect to use insurance to pay for services which is part of a "managed care plan", your case may be discussed by phone with a case manager assigned to your case or reported by way of written treatment plans. Such case managers are usually mental health professionals who are also required to maintain the confidentiality of the information discussed. If you have concerns about this, please discuss your concerns with me before we involve an insurance company in paying for your services.

I am part of a group of independent mental health professionals practicing under the name of Associates In Psychology. This group is an association of independently practicing clinicians who share a name, office space, and administrative functions. I am completely independent in providing you with clinical services and I alone am responsible for those services. My professional records are separately maintained and no member of the group has access to them.

I have read, understand, and agree to the above. My signature acknowledges that I have been given the professional qualifications and experience of Richard W. Davis, Ph.D., a listing of actions which constitute unprofessional conduct according to Vermont statutes, and the methods for making a consumer inquiry or filing a complaint with the Office of Professional Regulation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Witness)

Richard W. Davis, Ph.D.

### Secondary Insurance Information:

Secondary Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Certificate # \_\_\_\_\_ Group # \_\_\_\_\_