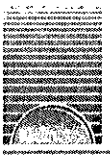

Milwaukee Psychiatrists & Psychologists Chartered

Marie Ferber, MD * Eric Kanter, MD * Tracey Latza, PsyD * Sally Lohs, MD * Marina Tierney, PsyD *
Patrick Triggiano, PhD * David Wandschneider, PhD * John Wean, MD * Randall Zblewski, MD

12760 W North Ave, Bldg A., Brookfield, WI 53005-4628 * Office: (262) 439-5500 * FAX: (866)439-5221
www.milwaukeepsychiatric.com

PATIENT INFORMATION:

Name: _____ Date of Birth: _____/_____/_____
Last First Middle Initial

Address: _____
Street City State Zip Code

Home: (_____)_____ Cell: (_____)_____ Work:(_____)_____

Sex: Male_____ Female: _____ Email Address: _____

SSN: _____ Employer: _____

Emergency Contact: _____ Phone: (_____)_____
Name Relationship

PREFERRED PHARMACY: _____ Phone: (_____)_____

GUARANTOR INFORMATION (Person responsible for payment):

Name: _____ Date of Birth: _____/_____/_____
Last First Middle Initial

Address: _____
Street City State Zip Code

Home: (_____)_____ Cell: (_____)_____ Work:(_____)_____

Email Address: _____

SSN: _____ Employer: _____

FOR PATIENT NOT USING INSURANCE:

I, _____ agree to be responsible for all fees for services provided for me (or my child, if guarantor) by MPPC. I do not want MPPC to file any claims with any insurance company for services received.

INSRUANCE INFORMATION – PRIMARY

Insurance Name: _____ Phone: (_____)_____

Insured's Name: _____ Relationship: _____ Employer: _____

Insured's Address: _____
Street City State Zip Code

Insured's Date of Birth: ____/____/_____ Insured's SSN: _____

ID/Policy #: _____ Group #_____ Effective Date: ____/____/_____

INSURANCE INFORMATION – SECONDARY

Insurance Name: _____ Phone: (_____)_____

Insured's Name: _____ Relationship: _____ Employer: _____

Insured's Address: _____
Street City State Zip Code

Insured's Date of Birth: ____/____/_____ Insured's SSN: _____

ID/Policy #: _____ Group #_____ Effective Date: ____/____/_____

CANCELLATION & MISSED APPOINTMENT POLICY:

Notification is required 24 hours prior to the appointment. Lack of notification will result in an **$85 - $110 missed appointment fee, depending on the time duration of the scheduled appointment**. This charge will not be covered by insurance and will be the responsibility of the patient or guarantor. If you cancel your appointment with less than 24 hours' notice and/or miss 3 appointments, you may be subject to discharge from the physician's practice. *Please note, leaving a voicemail is an acceptable form of notification.*

MILWAUKEE PSYCHIATRISTS & PSYCHOLOGISTS CHARTERED IS NOT GUARANTEEING YOUR PHYSICIAN IS IN YOUR INSRUANCE PLAN. PLEASE CHECK WITH YOUR INSURANCE COMPANY.

Signature: _____ Date: _____/_____/_____
(Patient, Parent or Guardian)

My signature above indicates that I have provided accurate information to the best of my knowledge.

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AUTHORIZATION FOR TREATMENT AND RELEASE OF INFORMATION

I hereby authorize Milwaukee Psychiatric Physicians Chartered (MPPC) for evaluation and treatment of myself or my child. I authorize MPPC to provide my insurance company or their representatives with information concerning my (or my dependent's) illness, injury and/or treatment necessary for completion of claims for insurance benefits.

PAYMENT POLICIES

Payment is expected at the time of service. If you have insurance coverage, we will submit charges to the insurance on your behalf, but co-pays are to be paid at the time services are rendered. Services performed outside of the office, including, but not limited to, court appearances, depositions, school visits, extended telephonic/electronic communication, etc., cannot be billed to insurance and therefore any fees related to these services will be your responsibility. Fees for professional services are based on our own experience and not on payment schedules promoted by insurance companies as usual and customary. MILWAUKEE PSYCHIATRIC PHYSICIANS CHARTERED IS NOT GUARANTEEING THAT YOUR PROVIDER IS IN YOUR INSURANCE PLAN. PLEASE CHECK WITH YOUR INSURANCE COMPANY.

In divorce situations, the parent that brings the child to the appointment is responsible for payment of charges including co-payments, *regardless of divorce decree*. If payment issues exist, they must be resolved between the parents.

I understand that I am responsible for the portion of fees not paid by insurance. If the account becomes delinquent, I understand that it may be sent to collections and interest may be charged.

PRIVACY, RIGHTS AND RESPONSIBILITIES

I received the Notice of Privacy Practices. It explains how health information is handled.
Medical records may be shared with health providers and insurance companies for treatment, payment and health care operations, with written consent of the patient or guardian.

I am legally able to consent and give my permission for treatment. My signature below indicates that I have provided accurate information to the best of my knowledge and I understand and agree to the provisions above.

Patient's Name (Printed): _____

Signature: _____

Relationship to patient: _____ Date: _____

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CREDIT CARD INFORMATION

It is our policy to collect credit card information from all patients or their responsible parties and to maintain this information on file in a HIPAA compliant and confidential manner.

We require that insurance co-payments be paid at the time of your visit. If a patient is not able to pay their co-payment at the time of their visit with cash or check, we will use the credit card on file to process the payment for them.

If a patient becomes more than 90 days overdue, with any balance, we will process the payment for them using their credit card information or they may set up a monthly installment plan. Please contact our billing office at 262-439-5500 option 3 for more information.

MILWAUKEE PSYCHIATRISTS & PSYCHOLOGISTS CHARTERED DOES NOT ACCEPT PATIENTS WITHOUT A VALID CREDIT CARD ON FILE.

Patient Name: _____

Cardholder Name: _____

Cardholder Zip Code: _____

Credit Card Type: VISA_____ MasterCard_____ Discover_____

Card #: _____

Expiration Date: _____Month/_____Year V-Code: _____
(3 or 4 digit security code)

I authorize MPPC to run balances on this credit card instead of receiving monthly statements: Y N
Please circle

Signature of Card Holder:_____ **Date:**_____

*****WE DO NOT ACCEPT AMERICAN EXPRESS*****

MILWAUKEE PSYCHIATRISTS & PSYCHOLOGISTS CHARTERED
MEDICATION REFILL POLICY

Milwaukee Psychiatrists & Psychologists Chartered have developed the following guidelines regarding medication refills. If you or your child receive medication that has been prescribed by one of our physicians, it is essential that you become familiar with these guidelines.

- **You must be seen in the clinic by your physician on a regular basis in order to continue receiving medication refills.**
- Requests for medication refills will be done during normal office hours only and may take **48-72 hours to process.**
    - Refills needed by Friday must be submitted by 4:00 PM Tuesday and those needed by Monday or Holiday Tuesdays must be submitted by 4:00 PM on Thursday.
- Please **call your pharmacy** for any refills even if the bottle says "NO MORE REFILLS". The pharmacy will then contact the office for authorization of the refill.
- Only your treating physician will refill your prescriptions. In a medical emergency, the on call physician may refill a prescription but the quantity of the medication will likely only be enough to last until the treating physician returns.

Please plan ahead and do not wait until the last minute to request a refill for your medication. The following is a list of helpful reminders:

- Some medications cannot be refilled over the telephone. The written prescription must then be picked up at our office by 6:00 PM Monday thru Friday.
- Some insurance companies require prior authorization for some prescribed medications. If your insurance company requires prior authorization, it may take additional time for the medication to be refilled.
- You are responsible for telling your prescribing physician when you stop or start a medication prescribed in this clinic or elsewhere. Doing so will assist your physician in monitoring your medication and will ensure that you do not run out.