



ALICIA SALZER MD
— PSYCHIATRY —

Intake Form

Demographic Information:

Name: _____

Address: _____ City _____ zip _____

Date of Birth: _____

Phone: _____

Email _____

I agree to receive emails at this email address and texts at the above cell phone and understand that some correspondences such as invoices or receipts may contain diagnosis codes or names of medications prescribed. _____ (Initial)

Emergency Contact: _____

Insurance information:

Insurance Info

Health plan _____

Member ID number _____

Group number _____

Payment:

The practice will verify if we are in network with this type of insurance or not. If we are out of network, the cost per session is \$500 payable at the time of service using the credit card provided below.

Should it turn out that you have not yet met your deductible, or if you have a Co-insurance, you will be responsible for payment, which will be charged to the credit card on file. In order to simplify this process this practice does require that an active credit card be kept on file. 3.025% service charge applies.

Alicia Salzer MD has permission to charge the above to this credit card and I verify that I am authorized to use the card provided. _____(Initial)
Credit Card # _____

Expiration Date _____

CVV code _____

Billing Zip Code _____

Policies of the Practice:

This practice is full and in order to meet the needs of ALL patients the following policies have been developed.

Cancellation:

This practice does not double book patients. As a result, cancellations result in unscheduled time when the doctor is idle and other patients cannot be seen. Therefore appointments not cancelled with **7 days** advance notice will be billed at the **full rate**. Clients should expect that the cost of a missed appointment will not be covered by their insurance and will be an out of pocket expense.

If you would like to reschedule within the same week we will always endeavor to do so if space is available. If your appointment is less than 7 days away and you need to change it, please do not do so on the online scheduler, instead, please text me at 917-576-6991 to see if it can be rescheduled within the same week, thereby eliminating the cancellation charge.

Please initial here as acceptance of this policy _____(Initial)

Prescription refills:

The doctor will always ask during session if you need an Rx, but it is your responsibility to be aware of when you will run out. This is included as part of your session. **Prescriptions not addressed during session will be billed at \$125.** Also please note that, this is never to be used as a substitute for coming in to your session. Patients on controlled substances still need to be seen a minimum of 1x/month. Please do not wait until you are out of Rx or nearly out to schedule as my calendar may be full and requests to fill medication in advance of the appointment will incur a charge.

_____ (Initial)