

**Philadelphia Health Services**  
1528 & 1601 Walnut St. Philadelphia, PA, 19102 & 20 Mystic Lane, Malvern, PA, 19355

## Patient Information

Legal Name (First and Last): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please check if acceptable for communication and confidential messages:

<input type="checkbox"/>	Cell Phone
<input type="checkbox"/>	Home Phone
<input type="checkbox"/>	Work Phone
<input type="checkbox"/>	E-Mail

Emergency Contact (**Required**): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Pharmacy (Name & Address): \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Prescription Benefits Card Company and ID # (if separate from medical insurance card)

\_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

**Do you have Medicare? (Circle): Yes / No**

*Our providers have either have opted out of Medicare or cannot see patients who bill Medicare at this office. This means that if you have Medicare and submit a bill for reimbursement to them, you are committing medical fraud and are subject to penalties, fines and other legal repercussions.*

I have read the "Office Policies" handout and understand that I am responsible for full payment at the time of service, that my provider does not participate with any insurance companies, that I cannot submit claims to Medicare and that I will be charged for phone appointments, any missed appointments and appointments cancelled with less than 48 business hours notice (for example, if my appointment is on a Tuesday at noon, I must cancel by the previous Friday at noon or I will be charged the full appointment fee). I give my provider permission to charge my credit card on file, for any charges that are due, at his/her discretion.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

## Medical and Psychosocial Information

**In one sentence, what brings you here today?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Conditions** (Include previous diagnoses and current conditions. Examples: diabetes, hypertension, stroke, heart attack, STDs/STIs, seizures, migraines, sleep apnea, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Surgeries** (Include year performed): \_\_\_\_\_  
\_\_\_\_\_

**Significant Injuries** (Examples: head trauma, broken bones, concussions): \_\_\_\_\_  
\_\_\_\_\_

**Allergies or Sensitivities** (Include reaction when exposed): \_\_\_\_\_  
\_\_\_\_\_

**Current Medications, Dose, and Frequency** (Include all OTC and prescription medications even if taken as needed, birth control, supplements, and vitamins): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Last Visit:** \_\_\_\_\_

**Therapist (if applicable):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Sex Assigned at Birth:** \_\_\_\_\_

**Current Gender Identity and Preferred Pronouns:** \_\_\_\_\_

**Sexual Orientation:** \_\_\_\_\_

**Race and Ethnicity:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Occupation/Profession and Full/PT Status:** \_\_\_\_\_

**Highest Level of Education:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Is there any additional information you would like your provider to be aware of prior to your evaluation?:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## **Office Fees and Policies**

### **Adult Patients: 18 Years +**

Nurse Practitioners: \$125 Med Management / \$200 45-Min Therapy / \$275 60-Min Initial  
Drs. Pagnani & Yi: \$210 Med Management / \$340 45-Min Therapy / \$400 60-Min Initial  
Sonya Mendelovich: \$125 45-Min Therapy / \$200 Initial 60-Min Consultation  
\* 90 Minute Initial adult visits (all providers) are 1.5 x hourly Initial Rate

### **Children & Adolescents: Under 18 Years**

James Yi, MD PhD

\$250 Med Management / \$400 45-Min Therapy & Family Meetings  
Initial Evaluations (over 2 sessions)

\$600 90-Min with Child and Parents / \$400 45-Min Follow-up with Recommendations

Richard D'Amato, CRNP

\$200 Med Management / \$300 45-Min Therapy & Family Meetings  
Initial Evaluations (over 2 sessions)

\$450 90-Min with Child and Parents / \$300 45-Min Follow-up with Recommendations

### **Administrative Requests, Letters & Family Conferences – \$100 / hour**

Includes any letter or form to a third party, summaries of care, medical record requests, assistance with placement and discussion about care with individuals besides the patient (with patient permission). The patient's card on file is automatically used as prepayment.

**Please allow 14 days for such requests.**

### ***Appointments***

Initial consultations are scheduled following a brief conversation by phone. A credit card is used to reserve your time. Evaluations are 60 or 90-Minutes in length (for adult patients) and consist of an extensive medical and psychiatric history. Laboratory studies and a brief neurological examination may be part of your workup. With permission, your provider may request collateral information from medical providers, family or significant others, to aid in case formulation and diagnosis. The initial evaluation is considered a consultation, as it is an opportunity for both the patient and provider to decide whether they are a good fit for ongoing care (individuals are responsible for the consultation fee regardless). Should both agree to work together after this consultation, follow-up appointments are either "Medication Checks" (20-minutes in length) or 45-minute therapy appointments. We will collaborate to develop a treatment plan that fits your individual needs, which may include therapy, medication management or both. If you have a therapist that you would like to continue working with, we will be happy to collaborate with that individual, provided that we can have open communication. At a minimum, on-going patients are seen every three months.

### ***Payment of Fees***

All fees are due at the time of service and payable by cash, check or credit card (Visa, MasterCard or Discover). Your credit card statement will read "Doctor's Appointment." Checks should be made payable to "Philadelphia Health Services." Accounts that are delinquent may be sent to collections. All patients are required to keep an active credit card on file (used for missed appointments, phone appointments, late cancellations, administrative work, letters & family conferences). If a patient misses two appointments they will be required to prepay via credit card when scheduling. There are no changes to these policies, when someone other than the patient is paying for visits. Additionally, paying for visits does not change confidentiality; a patient's progress, medical record and any privileged information can still only be given with direct consent from the patient.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

**Sign only if you understand and agree to ALL policies. Our providers and clients are strictly held to the standards and policies described herein.**

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### ***Medical Insurance***

Philadelphia Health Services providers are out-of-network for all medical insurance companies. If you have out-of-network mental health benefits, we will be happy to assist you by supplying bills, diagnosis and other information that is requested by your carrier for reimbursement. Patients are responsible for submitting their own claims if they choose to do so. Reimbursement is not guaranteed. Philadelphia Health Services and its employees do not accept Medicare. Therefore, individuals with Medicare must sign an agreement that states that they will not submit claims to Medicare.

### ***Medical Records***

Our providers do not release patient evaluations, progress notes or therapy notes. A summary of care will be provided to patients and/or third parties when medical records are requested. The above administrative rates apply to such requests and the card on file will be used for this service.

### ***Missed Appointments/Weather Policy/Cancelations***

If you are unable to keep an appointment, please give 48 **business** hours advanced notice (excluding weekends and holidays), otherwise you will be charged in full for the time that was reserved for you (for example, if your appointment is on a Tuesday at noon, you must cancel by the previous Friday at noon or you will be responsible for the full appointment fee). Insurance companies do not reimburse for missed appointment charges. You may cancel your appointment by calling the office and leaving a message. If you are late for an appointment, you will be seen for the remainder of your reserved time. You will be responsible for the full session fee (this includes initial visits). We do not close due to weather, unless it is a State of Emergency. **If you miss a visit and we are unable to reach you by phone, your provider will run your credit card on file. Signing this form gives permission to do so.**

### ***Medication Requests and Prescription Refills***

Patients may call the office and leave a message for prescription refills. Refills are called in Monday through Friday only, during normal business hours. Please allow 48 business hours for all requests. If you have not had an appointment within the last 3 months, there will be an associated 25-dollar fee (charged to your card on file). If you are prescribed a controlled substance, an appointment will be required for refills. Controlled substances are prescribed at in-person appointments only. Lost or stolen controlled substance prescriptions will not be replaced under any circumstances, and a face-to-face appointment will be required for refills.

### ***Contacting Your Provider***

Patients have access to their provider's business phone and e-mail address. E-mail is used for scheduling and cancelling appointments, prescription requests and administrative requests only. E-mails are added to the official medical record at our discretion. We can typically return calls and e-mails within 48 business hours Monday through Friday. When patients call with questions that can be answered quickly, a fee will not be charged. If questions require a lengthy discussion (for example, any medication change), they will be asked if they would like to schedule an office or phone appointment (above rates apply). You will never be charged for a phone call, without your provider discussing it first. If a patient is abusing access to phone or e-mail addresses, this may result in termination of care, at the provider's discretion. Social media is not an acceptable form of communication for current or former patients (no exceptions). **Texting is never an appropriate form of communication and business lines may not accept texts. Furthermore, your provider is not responsible for responding to any information sent via text.**

### ***Office Coverage***

If your provider is out of the office, they will leave the covering provider's information on their answering machine and in an automatic e-mail reply. For non-emergent issues, you may call the covering provider or leave a message for your provider's return. Prescription refills will be called in Monday through Friday 9AM-5PM. He/she will be able to respond to calls within 48 business hours. Covering providers do not refill controlled substances. Patients are responsible for keeping their appointments and re-scheduling (if they cancel or miss an appointment) several weeks prior to running out of controlled substances. We are not responsible for adverse events due to failure to do so.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

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***Emergencies***

If you have an emergency (such as an allergic reaction to medicine, suicidal thoughts with plan to act or a suicide attempt) you must call 911 or go to your nearest emergency room. This is a requirement, as we are not able to be available at all times and emergencies require immediate attention. After doing so, call your provider’s emergency number listed below & share it with any providers assisting you (in the ER or Crisis Center etc.).

**Emergency Lines: These lines do not accept texts.**

Jessica Plocher CRNP: 267-358-6157   Elizabeth Milburn CRNP: 267-737-8039   Chris Pagnani, MD: 267-275- 4381

Nicole Rodier CRNP: 267-225-0173   Rachel Reis, CRNP: 609-722-6787   Sonya Mendelovich, BSW: 484- 533- 7167

James Yi, MD PhD: 215-347-0417   Richard D’Amato, CRNP: 610- 719 - 3114

We are not always available even when calling these numbers (this is why it is vital that you call 911 or go to your nearest emergency room first). If you have any concerns about this policy, you are required to discuss with your provider (at the initial evaluation or if you develop concerns during your course of treatment). **If you require an inpatient psychiatric admission (or have a suicide attempt or what is perceived as an attempt of self-harm), you will be responsible for finding a new provider to take over your care (as we do not have a dedicated emergency line or admitting privileges at Philadelphia local hospitals and individuals needing high levels of care would likely benefit from a provider with these additional services from a safety perspective). We will be available to provide you with resources for finding a new provider (and with a signed consent, be happy to discuss your case with any new providers), but we are not responsible for a patient’s failure to make an appointment or follow-up with an appropriate provider.**

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

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