



Rittenhouse
PSYCHIATRIC ASSOCIATES

1528 Walnut Street #1414 & 1415, Philadelphia, PA, 19102
30 S. Valley Rd. #101, Paoli, PA 19301

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: _____ Cell Phone
_____ Home Phone
_____ Work Phone
_____ E-Mail

Emergency Contact (**Required**): _____ Phone: _____ Relationship: _____

Pharmacy (Name & Address): _____ Phone: _____

Insurance: _____ ID Number: _____

Prescription Benefits Card Company and ID # (if separate from insurance card [Express Scripts, Future Scripts, CVS Caremark, Optum Rx etc].) _____

How Did You Hear About Us (if a provider, please include their name)? _____

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 Monday to Friday 9AM-5PM (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

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Medical and Psychosocial Information

In one sentence, what brings you here today? _____

Psychiatric Conditions (include previously diagnosed mental health conditions. Examples: ADHD, generalized anxiety, bipolar disorder, borderline personality disorder, etc.): _____

Medical Conditions (Include any conditions you have been diagnosed with, past & present (examples: acid reflux, ulcerative colitis, asthma, diabetes, high blood pressure, high cholesterol, stroke, heart attack, STDs/STIs, seizures, migraines, sleep apnea):

Surgeries (Include year performed): _____

Significant Injuries (Include year. Examples: major car accidents, gunshot wounds, head trauma, broken bones, concussions):

Medication Allergies or Sensitivities (Include reaction when exposed): _____

Current Medications, Dose, and Frequency (Include ALL medications you take [not just psychiatric]). Include medications taken as needed, over the counter, birth control, IUDs, birth control implants, herbal supplements, and vitamins):

Primary Care Provider: _____ **Phone:** _____ **Last Visit:** _____

Therapist: _____ **Phone:** _____

Sex Assigned at Birth: _____ **Current Gender Identity / 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 Family visit/ \$275 60-Min Initial
Physicians: \$225 Med Management / \$375 45-Min Family visit / \$450 60-Min Initial
Therapists: \$125 45-Min Therapy / \$200 Initial 60-Min Consultation
Doctoral Level Therapists: \$150 45-Min Therapy / \$225 Initial 60-Min Consultation
* 90 Minute Initial adult visits (all providers) are 1.5 x hourly Initial Rate

Children & Adolescents: Under 18 Years

\$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)
Autism Evaluations (CARS evaluation or similar, with report)
Approximately 3-hour initial visit w/ 30-minute follow-up. Call to discuss.

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 credit 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 (Autism evaluations excluded) 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/ family 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). Checks should be made payable to "Rittenhouse Psychiatric Associates" or "RPA." There will be a 25 dollar fee for any returned / "bounced" checks. 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

Rittenhouse Psychiatric Associates 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. Rittenhouse Psychiatric Associates and its employees do not accept Medicare. Therefore, individuals with Medicare are agreeing that they will not submit receipts for visits to Medicare (doing so is fraud).

Medical Records

Our providers generally 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.

Discharge/Closing Charts

Our providers may "close" or inactivate a patient's chart for a number of reasons including *but not limited to*: a patient terminating care voluntarily (as when moving or finding a new provider), a patient violating a controlled substance agreement, a patient not following a provider's treatment recommendations, a patient's condition requiring a higher level of care than we are able to provide (as assessed by the provider), a provider assessing that they do not have the skillset required to adequately treat a patient or their condition, or a patient not following up at intervals specified by the provider.

If a patient is not seen for 3+ months, providers will mail or e-mail a letter stating that their chart will be closed unless the patient contacts their provider within a specified period of time. When a chart is "closed," we are no longer able to prescribe you medications, schedule you for appointments, or assist if you are in crisis. You are responsible for ensuring that you have office visits every 3 months or less (exact timing determined by your provider, exceptions made on a case-by-case basis) and for keeping your address/e-mail updated with our office. We are not responsible for letters not reaching their intended destination if you move/get a new e-mail and do not notify us. If a patient's chart is closed, and they would like additional information on resources in the community or finding a new provider, we will be happy to assist (call our office staff at 267-358-6155 x 1 or email Scheduling@RittenhousePA.com to receive our referral list). Additional information on finding a new provider is listed on our website: www.RittenhousePA.com/resources. Your provider will also be happy to assist you directly. If your chart is closed, and you would like to restart care, we cannot guarantee availability or that we can see you back as a patient. It will be based on provider availability and discretion, and you may be required to have an initial 60-minute visit (above fees apply).

Missed Appointments/Weather Policy/Cancelations

If you are unable to keep an appointment, please give **48 business** hours advanced notice Monday to Friday 9AM-5PM (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 credit 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.**

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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 Rittenhouse Psychiatric Associates' 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), patients 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 their provider's phone or e-mail address, 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.**

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 may not accept texts, and we are not responsible for any information texted to them:

J. Plocher CRNP: 267-358-6157 E. Milburn CRNP: 267-737-8039 C. Pagnani MD: 267-275- 4381
R. Reis, CRNP: 609-722-6787 S. Mendelovich, BSW: 484- 533-7167 R. D'Amato, CRNP: 610-719-3114
K. Joffe, CRNP: 484-320-7475 L. Sernekos, PhD, CRNP: 856-563-4792 K. Spano, Psy.D.: 267-422-2243

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.**

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Opt-In for Automatic (Robotic) Text Message Appointment Reminders

Our office utilizes an Automatic (Robotic) text message appointment reminder system. Please sign below, if you would like to opt-in for this service (standard text charges through your carrier will apply). If you decide to opt-out, your provider will exclude you from this service.

You can also cancel this service by replying [STOP] to any automatic message from our office.

Signature of Patient (to opt-in for automatic appointment reminders) _____ Date _____