

Del Mar Psychiatric Center

1343 Stratford Court, Del Mar, Ca 92014

858-523-9409/ 858-523-9403 fax

PATIENT INFORMATION

Patient's Name: _____ SS# _____ - _____ - _____ Sex: Male Female
Date of Birth: _____ Age: _____
Home Address: _____
Home Phone: (_____) _____ Occupation: _____ Student
Employer (School): _____ Work/School Phone: (_____) _____
Employer/School Address: _____
E-mail Address: _____ Cell Phone: (_____) _____
Driver's License Number: _____

RESPONSIBLE PARTY

Responsible Party: _____ Relationship to Patient: _____
SS# _____ - _____ - _____ Date of Birth: _____
Home Address: _____
Home Phone: (_____) _____ Occupation: _____
Employer: _____ Work Phone: (_____) _____
Employer Address: _____ Driver's License No.: _____
In Case of Emergency, Please Contact: _____ Phone: _____

FEES CHARGED: The fees charged by doctors/therapists at Del Mar Psychiatric Center are based on the amount of time scheduled for dealing with patient issues. The minimum amount of time scheduled/charged by our physicians is for a half session (20-30 minutes in length). If additional time beyond the scheduled time is taken to assist patients, you will be charged for the amount of time used. In addition patients are typically charged for time spent with a patient on the telephone, time taken to consult with other professionals, time taken to write triplicate prescriptions outside of scheduled appointments, time taken to write notations in patient's chart and time taken to write reports or correspondence on patient's behalf.

INSURANCE BILLING: It is our policy to bill insurance carriers for our patients, however, patients/responsible parties are responsible for all charges whether or not they are covered by your insurance.

PAYMENT POLICY: Del Mar Psychiatric Center requires payments or co-payments for in-office services at the time services are rendered. Payments may be made by cash or check.

APPOINTMENT CANCELLATION POLICY: Del Mar Psychiatric Center requires that cancellations for scheduled appointments be received 24 hours in advance. Unkept or cancelled appointments that do not follow this policy will be charged an unkept appointment fee at the discretion of your therapist or doctor. This fee can equal but will not exceed the therapist/doctors fee for the time originally scheduled. Insurance companies do not pay for unkept appointment fees and the patient/responsible party is held fully accountable for this charge.

I have read and understand the above stated policies of Del Mar Psychiatric Center.

Signature of Responsible Party:
