the kids clinic
behavioral health pllc

# NEW PATIENT REGISTRATION

## General Information

Name:

Date Of Birth:

Sex: Gender: Preferred Pronouns:

Mailing address:

City, State, Zip:

Home Phone:

Cell Phone:

Email Address:

## Parent/Caregiver Information

| Name | Relationship | Occupation | Contact Information |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Additional Information

Who referred you?

What concerns would you like to address?

What medicines do you currently take?

What medicine have you tried before?

Katherine Lo, ARNP
P 206.508.3030 | F 206.299.9731
150 Nickerson Street | Suite 203 | Seattle, WA 98109

the kids clinic
behavioral health pllc

# Notice of Policies and Procedures

## EMERGENCY CONTACT

If you are experiencing a medical emergency and/or need immediate assistance for your own or someone else's safety, please call 911 or report to the nearest emergency room. For the Crisis Line please call: 206.461.3222.
Messages left on my voicemail are retrieved regularly and are returned within a week. However, I am only in the office three days a week so do not delay care waiting for a return call.

## MEDICATION REFILLS

During your visit I will provide you with prescriptions for a supply of medication adequate to last until our next recommended appointment time. If you run out of medication this is an indication that you are due for an appointment. If you require a refill between appointments please allow one week for processing of your request. For most medications you may request a refill from your pharmacy, please speak with the pharmacist to initiate controlled substance prescriptions.

## LATE CANCELLATIONS AND MISSED APPOINTMENTS

Cancellations must be received by the previous business day (on Friday for a Monday appointment) to avoid fees. Failure to keep a scheduled appointment will result in a charge for the full fee of the scheduled appointment. Late cancellations will be charged at half the full fee. Please note that **health insurance plans DO NOT pay for missed appointments; these charges will be entirely your responsibility.**

## INSURANCE BENEFITS AND PATIENT RESPONSIBILITIES FOR FEES

I am contracted with Regence, Premera, First Choice and LifeWise health insurance plans. Only your health insurance company can describe your benefits to you or verify provider eligibility. You are responsible for understanding your health insurance plan benefits. If charges are denied by a health insurance plan, you are responsible to pay them.

## PAYMENT

Payment for charges not covered by your health insurance plan, including copayment and deductible amounts, are due in full at the time of service. Billing and patient accounts are administered by a separate billing service. Please call them directly with any questions about your account.

## FEE SCHEDULE

Initial Psychiatric Evaluation/First Appointment (50 to 90 minutes) 99205 and 99354 … $300-425
Medication management – Uncomplicated (up to 30 minutes) 99214 ... $200
Medication management – Complicated (35-45 minutes) 99215: ... $250
Report preparation and extended phone calls are billed at my prorated hourly fee of $300/hr in 15-minute intervals*
*this is often NOT covered by insurance companies

Katherine Lo, ARNP
P 206.508.3030 | F 206.299.9731
150 Nickerson Street | Suite 203 | Seattle, WA 98109

the kids clinic
behavioral health pllc

## Assignment of Benefits

I hereby assign to The Kids Clinic Behavioral Health PLLC my right to the insurance benefits that may be payable to me for the services provided, in my name or on my behalf. I further authorize those payments be made directly to The Kids Clinic Behavioral Health PLLC. I understand that acceptance of insurance assignment does not relieve me from any responsibility concerning payment for services. The provider may release all or part of my record to the insurance company required for processing any claims. The patient's employer will only be contacted if necessary, in order to confirm enrollment in a healthcare plan.

Patient Signature: _____ Date: _____

Parent Signature: _____ Date: _____

## Acknowledgement of Receipt of Notice of Privacy Practices and Policies & Acknowledgement of Receipt of Notice of Office Policies and Procedures

I have received a copy of the Notice of Privacy Practices and Policies, and I have received a copy of the Notice of Office Policies and Procedures for The Kids Clinic Behavioral Health PLLC. I have read and understand them.

Patient Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Katherine Lo, ARNP
P 206.508.3030 | F 206.299.9731
150 Nickerson Street | Suite 203 | Seattle, WA 98109