Randi Cohen, MD, PhD
1698 Post Road East Suite 2A, Westport, CT 06880
(203) 450-3554 phone ● (888) 802-2584 fax
http://www.drrandicohen.com

PATIENT INFORMATION SHEET

Patient name: _____

Responsible party for payment:_____

Address:_____

City, State, Zip:_____

Social Security number:_____ Date of birth:_____

Cell ph#:_____ Home ph#:_____ Work ph#_____

Emergency contact:_____ Relationship:_____

Cell#:_____ Home#:_____ Work#:_____

Please list any special privacy instructions (places, times, people not to call. OK to leave messages?)

_____

Do you have Medicare? ____ Yes _____ No Do you have Medicaid or HUSKY? ____ Yes _____ No

How did you hear about the practice? _____

Would you like a receipt for tax or insurance purposes? _____ Yes _____No

If so, who is your insurer? _____

Please note that receipts are provided at the beginning of each calendar month.

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

I, _____, hereby acknowledge that I received a copy of the Notice of Privacy Practices of Dr. Randi Cohen on or before _____.

_____ _____

Date Signature

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INFORMED CONSENT FOR ASSESSMENT AND/OR TREATMENT:

Payment policy:

The full session fee is due at the time of your visit. I will give you a receipt to submit to your insurance. Your reimbursement will depend on what you have for out-of-network benefits and your insurance will mail it to you directly.

Cancellation policy:
I never double-book appointments; therefore, a missed appointment cannot be filled without adequate notice. 48-hour notice is required for cancellations to avoid being charged in full.

Fees:
Initial Consultation (45 minutes): $325 per session via cash, or $335 via check, credit card, or paypal.
Therapy session (45 minutes): $325 per session via cash, or $335 via check, credit card, or paypal.

If you wish to use paypal via my website, payments must be made in advance of the session.

Additional Fees:
A new appointment will not be scheduled until all fees currently due are paid. There will be a $20 fee for all returned checks.

Crisis procedure:
In the event of a crisis or emergency, I ask you to please call 911 and get immediate help. If I am currently working with you, in the event of an urgent matter, you may call my voicemail and leave a message to explain the situation and confirm that you will be paging me, then page me using the pager number on my voicemail. Please page only for urgent issues, for instance if you are experiencing a worrisome medication side effect. All other phone calls will be answered promptly, in most cases by the following business day.

Phone policy:
I am happy to discuss logistics or do short check-ins from time to time during business hours if you have questions or concerns. Calls that last over 10 minutes will be considered phone sessions and will be charged at my usual rate, pro-rated according to how much time was spent. Billing of phone sessions is different from in-person sessions, so your insurance may not be able to offer you similar reimbursement. This policy also applies to time spent on the phone with your insurer, and unfortunately insurers will not reimburse for this.

By signing below, you are indicating that you are in agreement with policies listed above, including fees and charges.

_____
Signature

_____
Print Name

_____
Date