



Date \_\_\_\_\_

### Intake Information

Patient: Ms., Mr., Dr., \_\_\_\_\_

Last

First

MI

Female \_\_\_\_\_ Male \_\_\_\_\_ Other \_\_\_\_\_

#### **Pronouns**

She/Her \_\_\_\_\_ He/Him \_\_\_\_\_ They/Them \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### **BILLING INFORMATION**

##### Responsible Party Information

Ms., Mr., Dr., \_\_\_\_\_

Last

First

MI

Social Security Number \_\_\_\_\_

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

Referred by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Financial Policy  
And  
Consent for Treatment

Payment for services is expected at the time that services are rendered, unless other arrangements have been made in advance.

Depending on your particular policy, you may be able to seek reimbursement from your insurer. If so, Maine and Weinstein Specialty Group, LLC (MWSG) will provide you copies of your bill. For insurance purposes, this will include your current diagnosis.

MWSG reserves the right to charge you for any missed appointments or cancellations unless you have provided 24-hour notice. MWSG also reserves the right to charge for clinically related telephone calls of 15 minutes or longer. These phone calls will be billed to 1/4 hour increments.

Appointments for initial assessments and emergency visits may be billed at a higher rate than routine psychotherapy visits.

Please feel free to ask us any questions you have regarding there policies.

By signing this form, I understand the MWSG financial policies and accept responsibility for my (or my family's) account. I authorize Maine & Weinstein Specialty Group, LLC to render treatment to me or

\_\_\_\_\_ (Describe relationship to patient).

By signing this form, I also acknowledge that I have received a copy of the Notice of Privacy Practices at Maine & Weinstein Specialty Group, LLC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Describe Relationship  
(If responsible for minor)