

Ψ COASTAL PSYCHOLOGY

Daniel B. Nagelberg, Ph.D.
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322 Stephenson Ave., Suite B
Savannah, Georgia 31405
Telephone: (912) 352-2992
Fax: (912) 352-3447
www.coastalpsychology.com

Dear _____

We are looking forward to seeing you (your son; your daughter) for your (his; her) initial visit on _____
_____. This letter is to help make your visit as comfortable as possible and to
inform you of our office policies and procedures.

FOR YOUR FIRST APPOINTMENT, PLEASE ARRIVE TEN MINUTES EARLY SO THAT YOUR CHART CAN BE MADE. PLEASE HAVE THE ENCLOSED PAPERWORK COMPLETED WHEN YOU ARRIVE AND BRING YOUR INSURANCE CARD WITH YOU. THE DOCTORS KEEP A TIGHT SCHEDULE AND WILL USUALLY START YOUR APPOINTMENT ON TIME.

1. Office hours may vary but are usually Monday - Friday, 8:00 - 6:00.
2. Confidentiality between psychologist and patient is guaranteed by Georgia law except under extenuating circumstances (for example, if the patient is suicidal; we are also required to report suspected child abuse and homicidal threats or intentions). Your written consent must be on file before any records can be released to another individual or agency. You will also be required to sign a HIPPA notice.
3. When you make an appointment, please understand that this time is reserved for you. You will usually be seen on time though delays are sometimes unavoidable. If you are late, that cuts into your appointment time. If you must cancel an appointment, **please give 24 hours notice. When we are not notified, there is a \$75.00 charge for missed appointments.**
4. The fee for a diagnostic interview is \$150.00. The fee for psychotherapy (45 minute session) is \$125.00. Psychological testing and evaluation are billed according to the amount of time spent in the administration, scoring, and interpretation of tests and in the preparation of a report.
5. We will do our best to work with you regarding payment for services. If your deductible is not satisfied, please be prepared to pay for the initial visit. You may pay by check, cash, Mastercard, Visa, or American Express. Your cost share (that portion not covered by insurance) is due at the time services are rendered.
6. Insurance companies and policies vary in their coverage of mental health services. Many of you have benefits managed by a Managed Care Organization. Please check your insurance card and call the 800 number to check on your benefits and have your initial visit pre-certified.
7. In consulting your insurance policy handbook or your insurance/managed care company, be sure that psychological services (provided by a Licensed Psychologist) are covered. You may also want to address the following questions.
 - Is psychological testing covered? What tests (e.g., intellectual and academic) are NOT covered?
 - Are certain diagnoses not covered?
 - Do you require a referral from your primary care physician?
 - What percentage of the charges are covered for outpatient services?
 - Have you satisfied your deductible? What is your co-payment?
8. Please understand that we cannot guarantee or be responsible for your insurance coverage. Full payment of charges for professional services is your responsibility. In the event your account is left unpaid and we find it necessary to turn your account over to an outside collection agency, **a fee equaling 25% of the balance owed will be added.**

If you have any questions, please do not hesitate to ask -- we will be happy to answer them.

Thank you.

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Vickey Barnwell
Insurance Manager

Debbie James
Receptionist

Amanda Kendrick
Office Assistant

FINANCIAL RESPONSIBILITY

Coastal Psychology will file your insurance claim (when requested) and make all reasonable efforts to collect reimbursement from the insurance company. However, this does not release the patient, guarantor, or responsible party from financial responsibility. If, for some reason, claims are not paid by the insurance company, then it is your responsibility to pay for professional services. In all cases, payment of the deductible and co-insurance portion of the bill should be made at the time of service.

THEREFORE

I understand that I am responsible for payment for services rendered by Coastal Psychology.

Signature of Patient or Responsible Party: _____ Date: _____

RELEASE AND ASSIGNMENT

I authorize the release of necessary information to process my insurance claims.

Signature of Patient or Responsible Party: _____ Date: _____

MISSED APPOINTMENTS

I understand that I will be billed for any appointment which is not canceled more than 24 hours in advance. I also understand that third party payers (insurance companies) will not be billed for missed appointments. **Payment must be made prior to the next scheduled appointment. If an appointment for testing is missed, the testing will not be routinely rescheduled.**

Signature of Patient or Responsible Party: _____ Date: _____

CONSENT FOR TREATMENT

I consent, agree, and authorize evaluation and treatment by Coastal Psychology. I have read and signed the Patient's Rights and Responsibilities as well as the HIPPA notice.

Signature of Patient or Responsible Party: _____ Date: _____

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Intake/Adult

Date: _____

Referred by: _____

Patient Information

Name: _____ Social Security # _____

Date of birth: _____ Age: _____ Gender: _____ Race: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please initial that it is ok to call to confirm your appointment: home _____ work _____ cell _____

Spouse (if married)

Spouse's Name: _____

Spouse's Place of Employment: _____

Spouse's Work Phone: _____

Guarantor Information (just write *same* if the patient is the guarantor)

Name: _____ Social Security # _____

Date of birth: _____ Age: _____ Relationship to Patient: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Insurance Information

Primary Insurance

Name of Insurance Company: _____

Policy #: _____ Group #: _____

Secondary Insurance

Name of Insurance Company: _____

Policy #: _____ Group #: _____

Emergency Contact

Should we need to get a message to you, please initial that it is ok to contact this person: _____

Name: _____ Relationship to Family: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Any special instructions you may need to tell us:

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The following directions should assist you in finding Coastal Psychology:

If you are traveling east on Interstate 16: Take the third exit past I-95. This will be the Lynes Parkway (South/East). Follow this road for about 7 miles and it will turn into a 6 lane divided highway (DeRenne Avenue). Make a right turn at the third red light -- this is Abercorn Street. Continue on Abercorn Street past the Twelve Oaks Center (on your left) and through various red lights including Lee Blvd. and Jackson Blvd. You will make a left at the next light which is Stephenson Ave. Go to the second light (Hodgson Memorial Drive) and make a left turn into our parking lot. We are in the beige stucco building next to Georgia Pediatrics. Our address is 322 Stephenson Avenue, Suite B.

If you are coming over the Talmadge Bridge from South Carolina, stay on I-16 for several miles. Take the **second** Lynes Parkway exit (heading South/East toward Savannah). Follow this road for about 7 miles and it will turn into a 6 lane divided highway (DeRenne Avenue). Make a right turn at the third red light -- this is Abercorn Street. Continue on Abercorn Street past the Twelve Oaks Center (on your left) and through various red lights including Lee Blvd. and Jackson Blvd. You will make a left at the next light which is Stephenson Ave. Go to the second light (Hodgson Memorial Drive) and make a left turn into our parking lot. We are in the beige stucco building next to Georgia Pediatrics. Our address is 322 Stephenson Avenue, Suite B.

If you are traveling into town on 204 (Abercorn Extension): Go past the Savannah Mall (on your left) and after about four miles you will come to the Oglethorpe Mall (on your right). Continue past Mall Blvd. and then Eisenhower Drive. The next light is Stephenson Ave. Go to the second light (Hodgson Memorial Drive) and make a left turn into our parking lot. We are in the beige stucco building next to Georgia Pediatrics. Our address is 322 Stephenson Avenue, Suite B.