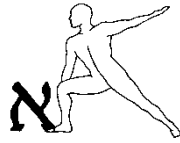


THE ALEPH CENTER, P.L.L.C.



6408 East Tanque Verde Road
TUCSON, AZ 85715-3809
PHONE: (520) 885-5558 FAX: (520) 885-5559

GENERAL INFORMATION – THE ALEPH CENTER, P.L.L.C. is a private organization specializing in the comprehensive care of people with psychiatric disorders including but not limited to geriatrics, anxiety disorders, mood disorders and substance abuse disorders. We keep open communication with your primary care provider and other specialists (unless you direct us otherwise) to provide full service mental health care.

OFFICES – The office is open Monday through Friday 8:00am to 5:00pm. We see patients by appointment only, but may see patients by prior arrangement outside the above hours. However, we are sometimes out of the office seeing hospital and nursing home patients and may not be available all of the above times.

EMERGENCY NUMBER – Our administrative assistants are in the office Monday through Friday 9:00am to 4:30pm to make appointments and take messages. We will return messages before 6:00pm if left prior to 4:30pm. For emergencies, call 911 or go to the nearest emergency room. You may have us paged when prompted. We may take up to 30 minutes to respond.

APPOINTMENTS/CANCELLATIONS/NO SHOWS – We require you to notify the office of a cancellation no later than the business day (24 hours) prior to your appointment. Failing to do so results in you having to pay a **\$50.00** late charge if you are seeing a therapist or **\$100.00** late charge if you are seeing a physician (Insurance does NOT pay for this). Our office provides a courtesy confirmation call the day before your appointment. **Not receiving a call will NOT excuse a missed appointment.**

Please Initial: _____

PAYMENT IS EXPECTED AT TIME OF VISIT

PAYMENT – Co-Payment is expected at the time of service. We accept most major medical insurers; cash, checks, Visa or Mastercard, and we will bill your insurance carrier for you. However, if payment is not received within 60 days, it becomes your full responsibility.

BALANCES – In excess of 30 days are subject to a monthly service charge of one and one half percent or \$5.00, whichever is greater, on the entire balance.

CHARGES

<u>Provider</u>	<u>*Billing Code</u>	<u>Fees</u>
Doctor/NP	90791-90792	\$300.00
	90833	\$190.00
	90836	\$200.00
	90870	\$300.00
	99245	\$300.00
Therapist/LCSW	90791	\$250.00
	90834	\$140.00
<u>Court Paperwork/ I and E Exams</u>		\$450.00, plus \$300 per additional hour.

*** Billing codes are subject to change.**

Please Initial: _____

PATIENT OR RESPONSIBLE PARTY AGREEMENT: I / We have read and do understand the General Information form. I / We agree to the provisions stated herein. I / We consent to the release of appropriate treatment and legal information to the primary care physician, referring doctor or other professional, and the insurance company or any other third party paying for fees. I / We authorize payment of medical benefits directly to THE *ALEPH* CENTER, P.L.L.C.

The provider has reviewed the General Information form with me.

Date

Signature of Patient or Responsible Party

Printed name