

Ridgway & Forsyth Psychology, P.S.

Pamela S. Ridgway, Ph.D.

628 South Maple Street, Suite 102

Spokane, Washington 99204

(509) 353-9885 Fax (509) 353-9886

PATIENT INFORMATION FORM & INSURANCE AUTHORIZATION

Full Legal Name: _____
Last First Initial

Preferred Name (if different from above): _____
Last First

Date of Birth: _____ Age: _____ Gender: M F Non-Binary Other _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Do I have permission to leave telephone messages? Yes No If yes, which number? _____

Employer & Occupation _____

Emergency Contact Person: _____
Name Phone Relationship

Person Responsible for Payment: _____

Address same as above or: _____

Name of Referring Person or Agency: _____

Method of Payment: Insurance Private Pay Other _____

If we are billing your insurance company, provide the following and sign below:

Primary Insurance Company _____

Subscriber Name _____ Date of Birth _____

Identification Number _____ Group Number _____

Secondary Insurance Company _____

Subscriber Name _____ Date of Birth _____

Identification Number _____ Group Number _____

My signature below authorizes Dr. Ridgway to bill, disclose information to, and accept direct reimbursement from my insurance company for professional services. I have read and understand the Insurance Information on page two of this form which explains that there may be limits to my insurance coverage, and I understand that I am responsible for payment of services not covered by insurance. I also acknowledge that HIPAA patient privacy information has been provided for my review.

Client Signature

Date

Pamela S. Ridgway, Ph.D.
Clinical Psychologist

INSURANCE INFORMATION - PAGE TWO

Dr. Ridgway's fee for the first session is \$225.00. Subsequent routine sessions (45-52 minutes) are billed at \$135.00, and extended sessions (53-60 minutes) are \$180.00. Most health insurance companies cover a portion of the cost of psychotherapy and psychological testing. However, as insurance benefits have become increasingly complex, it is often difficult to determine exactly what mental health benefits are available. Some plans also require authorization before they will allow reimbursement. Thus, it is very important that you find out from your insurance company what services are covered and if preauthorization is required. We will assist you in the proper billing of your insurance company. My office will attempt to check your insurance coverage, but we are not always given accurate information. ***In all cases, you are responsible that your account is paid in full.***

Your contract with your health insurance company may state that your mental health coverage is limited to "medically necessary" services. Each insurance company has its own definition of medical necessity. If your condition does not meet their definition, your services might not be covered. Your insurance company also may require a specific type of therapy or specific therapy goals. If so, you and your therapist will need to set specific treatment goals that fall within your insurance company's guidelines.

Insurance companies generally require that we provide them with your identifying information, dates of service, type of service, and diagnosis. Some plans also require background information about you and/or more detail about your problems, diagnosis, and treatment plan. Rarely, they may require that we send them your entire clinical record. Your insurance company will decide, based upon the information we send them, whether or not they will cover my services. If further sessions are approved, they may allow only a specific number aimed at the alleviation of acute symptoms.

Sometimes people are uncomfortable sharing personal information with their insurance company. If you prefer that I not bill your insurance company, you may make arrangements to pay for my services out-of-pocket. Regardless of your payment method, Dr. Ridgway will work with you to accomplish the identified goals in a cost-effective manner.

Some insurance companies require that we retain a copy of your insurance card in your file. Please present your card for copying, or if you do not have your insurance card with you, please complete the insurance information on the reverse side of this form. This information is needed in order for my office to bill your insurance company.

Client Signature

Date