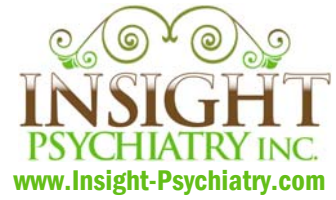


*Robin Stone, M.D.*  
 13123 Rosedale Hill Ave.  
 Huntersville, NC 28078  
 Tel: 704-948-3810  
 Fax: 704-948-2319



Please review the following three pages, you may fax or mail them prior to your first appointment.

### Personal Information

NAME (First, Last)		M.I.	BIRTH DATE	TODAY'S DATE
STREET ADDRESS		CITY		STATE / ZIP
WORK PHONE	HOME PHONE		CELL PHONE	
<i>Circle which phone you prefer I call first.</i> If needed, may I leave a discrete message on your answering machine?    Yes    No				
In case of an emergency, is there someone I can contact (list below):				
NAME		PHONE	RELATIONSHIP	

### Insurance Information

Please complete the following if you plan to file for reimbursement. Leave blank for self-pay. Please check on your insurance benefits **before** scheduling your appointment.

Dr. Stone does not file claims but may need your insurance information if your carrier requests information regarding your treatment

NAME OF POLICY HOLDER		POLICY HOLDER'S ID #	EMPLOYER'S NAME
INSURANCE PLAN NAME		POLICY GROUP OR FECA #	IS THIS YOUR ONLY PLAN?
Enter the policy holder's information, if different from yours:			
ADDRESS		CITY	STATE / ZIP
PHONE	BIRTH DATE, GENDER		RELATIONSHIP TO YOU

\_\_\_\_\_  
 Signature of Patient or Parent/Legal Guardian

\_\_\_\_\_  
 Date

## Medication Information

Do you have any allergies to medications? Yes No Please List: \_\_\_\_\_

Are you currently pregnant, breast-feeding or considering pregnancy? Yes No

List any medications (including over-the-counter, vitamins, etc) you take:

NAME	DOSE	WHEN DID YOU START IT?

## Practice Policies

- 1) *Scheduling:* Sessions are by appointment only. If Dr. Stone is unavailable to take your call, leave a message and she will respond as quickly as possible. Voicemails are confidential and are checked frequently throughout the day; calls left after 4 pm will be returned the next business day.
- 2) *Payment:* **Dr. Stone does not participate in preferred provider panels or contract with Medicare or Medicaid. Payment is due at the time services are rendered.** Dr. Stone accepts cash, MasterCard, Visa and Discover (**no personal checks**). For assistance with locating a Medicaid or Medicare provider see the “Resources” tab on [www.insight-psychiatry.com](http://www.insight-psychiatry.com) and click on the link for “Local Area Mental Health Resources”.
- 3) *Reports:* If you request a consultation letter be sent to your referring provider, Dr. Stone will discuss the content during your initial evaluation. Dr. Stone does not perform psychiatric evaluations for legal purposes such as establishing grounds for a personal injury claim, or for the sole purpose of obtaining social security disability income. If you have any further questions, please ask.
- 4) *Refills:* Please request refills through your pharmacy at least two business days in advance. Prescriptions are not refilled on the weekends.
- 5) *Telephone Calls:* There is no charge for necessary calls, although Dr. Stone may need to see you in person before recommending any changes in treatment. If your call goes to voice mail, please leave a number where you can be reached and the best time to call. **Email communication is not an option at this time (because of confidentiality concerns and to comply with HIPPA regulations.)**

- 6) *Missed Appointments:* Dr. Stone understands that occasionally patients will need to cancel or reschedule appointments. Usually this is no problem, but to keep the practice running smoothly, she requires notice of any cancellation a **minimum of 24** hrs in advance or you will be billed at the usual fee. Continuity of care is important to ensure quality psychiatric care. If too many appointments are missed or cancelled, this may make ongoing treatment impracticable.
- 7) *What to do in a psychiatric emergency:* Page Dr. Stone if it is during regular business hours (8:00 am - 5:00 pm). Dr. Stone may be reached on her cellular afterhours for emergencies only. This topic will be reviewed in detail during your first visit.

**You should feel free to discuss any aspects of these policies during your first visit with Dr. Stone.**

***Financial Responsibility:***

I guarantee payment to Insight Psychiatry of all charges for services provided. I understand I am personally responsible for all charges. I attest that I am not a Medicare or Medicaid beneficiary.

***Consent for Healthcare:***

I voluntarily consent to healthcare treatment from Dr. Stone at Insight Psychiatry Inc. I am aware that the practice of medicine is not an exact science. No guarantees have been made to me regarding the result of treatments or examinations. I have read this form. I have had the opportunity to ask questions and my questions have been answered.

***Acknowledgement of Receipt of Notice of Privacy Practices:***

I have received a copy of the Notice of Privacy Practices for Insight Psychiatry. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice from Insight Psychiatry's website [www.insight-psychiatry.com](http://www.insight-psychiatry.com), or from Dr. Stone.

**Signature of Patient or Authorized Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_