MGM KETAMINE INFUSION CENTER

690 Kinderkamack Road
Suite 103
Oradell, NJ 07649

Phone: (201) 483-3760

NEW PATIENT REGISTRATION FORM

We strive to provide the best quality care, and part of that is sharing with you the office policies and procedures, privacy policy, payment policy, and fee structure. Also important is collecting some essential information from you. Please read and fill out this entire document as completely as possible and bring it with you to your first appointment. Alternatively, you may email a scanned copy but please note that per HIPAA e-mail is not considered a secure method of communication. Thank you!

Full name: _____Date of birth: _____

Address: _____

Email: _____

Phone number: _____

How did you hear about this clinic: _____

OFFICE POLICIES AND PROCEDURES

All treatment is strictly voluntary, and you may choose to stop treatment at any time. If you experience any problem or side effect with medication, it is your responsibility to communicate this to us, your providers, so we may help you.

Should there be an emergency or concern for imminent health or safety of yourself or another person, call 911 or go to the nearest emergency room immediately. Should you require hospitalization, please go to your nearest emergency room or dial 911.

PRIVACY POLICY

Authorization to release patient health information for treatment, billing, or healthcare operations:

Privacy and release of information: Doctor patient confidentiality forms an important foundation of medical and therapeutic care, and is protected under law. Services that you receive in this office are held in strict confidence, except in the following circumstances: Imminent threat of

harm to yourself or others, or grave disability. In these cases, if your provider believes these to be of sufficient magnitude, they may refer you to emergency treatment.

Patient Records: A secure electronic or paper medical record is kept of services you receive in this office. You have the right to see the record and receive a copy of it upon request.

If you will be submitting a claim to your health insurance, we may be required to submit information to your health plan in order for your carrier to agree to pay for services.

I understand that email communication is inherently insecure and MGM Ketamine Infusion Center cannot guarantee the confidentiality of any email communications and will not be liable for breaches in confidentiality of information transmitted through email. I agree to the requirements listed above and hereby consent to communicate with physician and/or office personnel by email Yes/ No and/or phone Yes/ No and/ or text message Yes/ No at the contacts listed above.

I have read, understood, and agree to all of the terms of the privacy policy.

Signature:_____ Date:_____

CONSENT FOR RELEASE OF CONFIDENTIAL HEALTH INFORMATION

The psychiatric provider who referred me for ketamine therapy is :

Name:_____ Phone:_____

Address:_____

Email:_____

I authorize my ketamine provider to disclose my medical records, including any history of substance use or abuse, to the individual listed above, or appropriate personnel in his/ her office. I further authorize the individual listed above to disclose my medical records, including any history of substance use or abuse, to my ketamine provider, or appropriate personnel in his/ her office.

Signature: _____ Date: _____

In the event of an emergency my Emergency Contact Is:

Name:_____ Phone:_____

Address:_____

Email:_____

Relationship: _____

I authorize my ketamine provider to disclose my medical condition to the above person in the event of concern about my post procedure recovery or any emergency situation so that this person may assist me as needed.

Signature: _____ Date: _____

PAYMENT POLICIES / INSURANCE BENEFITS

Payment for services is due at the time of service. We do not participate as a contracted provider for any insurance company, but are considered “out of network” for which some PPO insurance plans may partially reimburse (varies widely, depending on the plan). You may request a detailed receipt for each visit, called a superbill, that you can then submit to your insurance company for reimbursement. Ketamine is not typically covered by insurance, and so reimbursement for this should not be expected.

We accept cash and major credit cards. Please contact the office with questions about any charges; erroneous charges will be refunded in full.

Do you plan to submit to your insurance for out of network reimbursement? yes/ no
Name of insurance carrier:_____

Appointment cancellation

Please provide 2 business days notice for any appointment cancellations. This allows other patients to be better accommodated at that time.

I have read, understood, and agree to the terms of the payment policy.

Signature: _____ Date: _____