

New Patient Appointment
Shamika Hall, Ph.D. & Associates, PLLC
8191 Moorsbridge Road, Suite, A
Portage, MI 49024

Date: _____

First Name: _____ Last name: _____

Gender: Male /Female _____ DOB: _____

What is the best phone number to reach you? _____

Is it okay to leave a message? Yes or No

What is the reason for your visit? _____

Phone Number _____

Emergency Contact _____ Relationship _____

Is this referral from another physician's office? Yes or No Referred by: _____

Have you or anyone in your family been seen by in this office before? Y/N, If yes, approximately when was that? _____ Name of your primary care physician? _____

I will be paying with (*place a "X"*): Cash Debit/Credit Card:

Health insurance that will be billed for your visit Yes or No or Combination (Client/Insurance)

Primary Insurance _____

Policy holder's (PH) name: _____ DOB _____

_____ Insurance ID: _____ Employer: _____ Phone # for
benefits _____

Policy # _____ Group #: _____

Secondary Insurance: _____

Name of Insured: _____ Insured ID number _____

Insured Social Security Number _____

Pain Management

Is the injury related to automobile ____, work-related ____, or personal accident ____?

Date of injury _____

Please go to our website at dr.shamika.com/new-patient/health-history-form to print out new patient paperwork. If you are unable to fill out the paperwork prior to your visit, please arrive at our office 30 minutes before your appointment time. Your first visit will take around 60 minutes. Please bring your photo ID and insurance card. If your insurance has a co-pay, it is also due at the time of the visit.

Thank you for calling. We look forward to meeting you at _____ on _____.

Insurance Coverage/Benefits**In-Network****Out of Network****Limitations**

Individual Deductible Amount:

Amount met: \$ _____

Family Deductible Amount:

Amount met: \$ _____

99201, 99202, 99203

Established Pt. office visits:

Limitations: _____

Effective Date: _____

Benefits based on calendar year? _____

Please initial here to indicate that you have received a copy of the HIPPA privacy policy. _____

One Time Authorization for Payment (Non-Medicare Insurances)

I am giving Shamika Hall, Ph.D. & Associates permission to ask for payment from my insurance carrier. I understand that my insurance company needs information about me (my child) and my medical or mental health condition to make a decision about these payments. I give permission for that information to go to my health insurance company and/or the companies that handle insurance payment request.

I request that payment of benefits be made to Shamika Hall, Ph.D. & Associates. for any services furnished to me or my child.

I understand that ultimately I am responsible for ALL cost associated with the services provided at Shamika Hall, Ph.D.& Associates I understand that if my insurance does not cover the costs of the sessions with Shamika Hall, Ph.D. & Associates, I will be held financially liable to complete the payment(s).

Signature of Responsible Party _____ Date _____

Medicare One-Time Authorization

I am giving Shamika Hall, Ph.D. & Associates, permission to ask Medicare for payments for my medical/mental health care. I understand that Medicare needs information about me and my medical/mental health condition to make a decision about these payments. I give permission for that information to go to Medicare and the companies that handle Medicare payment requests.

I request that payment of authorized services be made either to me or on my behalf for any services furnished by Shamika Hall, Ph.D. & Associates.

Signature of Responsible Party _____ Date _____

Shamika Hall, Ph.D.

8191 Moorsbridge Road Ste. A,
Portage, MI 49024
269-588-0750

We currently have you scheduled for a consultation appointment at Shamika Hall, Ph.D. & Associates on _____ . If you need to reschedule this appointment, please feel free to contact us at 269-588-0750.

What to Bring

- Enclosed paperwork
- Insurance card

What to Expect at the first appointment

The first appointment is scheduled to be about one hour long. We will gather background information, make observations, and get a detailed history. If client has any information or documentation that will assist in making a more accurate prognosis or assessment, please bring copies of that documentation for her to review to this appointment.

Once we have had an opportunity to assess the client, we will determine what the best course of treatment will be for the client. This could be individual therapy, biofeedback, neuropsychological or other assessments. The time that spent with each client will vary; however, generally we will work with you for one hour each week.