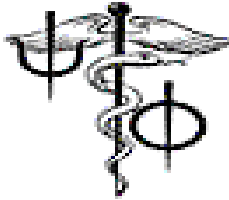


BEHAVIORAL MEDICINE ASSOCIATES

Herbert A. Schwager, PhD, DAABM, DIABM, FABMP, DABDA

E-mail: tbma@mtaonline.net, www.telebehavioralmedicine.com

Alaska Telemedicine Consultants, INC.



- Behavioral Medicine
- Pain Management
- Telemedicine Consultation and Programs Development
- Clinical Pharmacology

1000. N. Beeline HWY #134 Payson, AZ 85541
(928) 474-6617, Fax: (928) 474-7059

P.O. Box 522, Willow, Alaska 99688
(907) 495-1283, land / fax, (907) 715-7391 cell
1-888-491-4805 toll free

Date: _____

PATIENT DEMOGRAPHIC/REGISTRATION

Patient Name: _____

Date of Birth: _____ Male ___ Female ___

SS#: _____

Marital Status: S _ M _ D _ W _

Home Phone: _____ Cell: _____ Work: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Employer: _____ Employer phone: _____

Referring Provider: _____ PCP: _____

Insurance Carrier: _____ Insurance Phone #: _____

Insurance Address: _____

Insurance ID#: _____ Group#: _____

Subscribers Name: _____

Subscribers Date of Birth: _____ Relationship: _____

Is this a work related Injury? Yes _____ No _____

If so, please list date of injury: _____

Name and Phone number of your current adjuster: _____

Is this an MVA related Injury? Yes _____ No _____

EMERGENCY CONTACT:

Name: _____ Phone Number: _____

Relationship: _____

“PLEASE READ CAREFULLY!”

FINANCIAL RESPONSIBILITY

PAYMENT POLICY: If you would like us to bill your insurance we will be happy to do so. Please note that since we are not contracted with any insurance company, it may be their policy not to reimburse non-contracted providers. However, the ultimate responsibility for payment of your account remains solely with you, the patient. Your signature below gives us permission to contact your insurance carrier or other health care professionals treating you for assistance in billing only.

CANCELLATION POLICY: We want you to keep your appointments because we believe it is in your best interest to receive this level of care. We require a 24-hour notice if you will be unable to keep your appointment. If you do not cancel your appointment within 24 hours you will be charged \$25.00.

Fees: Negotiated at time of service, Insurance will be billed when appropriate. Fees remain my ultimate responsibility

I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES.

Patient Signature

Date

Witness Signature

Date