



# Pinnacle Psychiatry

17505 N 79<sup>th</sup> Avenue, Suite 407, Glendale, AZ 85308  
623.321.2221 (office) 855.397.2676 (fax)

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All clients or the client's legal guardian will be provided with a copy of this written policy regarding the clinic's registration procedures, no show/cancellation policy and procedures, billing policies, termination policy, medication refill policy at the time of registration (prior to their first visit), or as a more current version is available, and the client or their legal guardian will accept the terms and conditions by signing an acknowledgment of all clinic practices.

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**PATIENT LEGAL NAME** (as it appears on insurance card/driver's license): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **2<sup>ND</sup> PHONE:** \_\_\_\_\_

**DATE OF BIRTH** (must be age 16+): \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**PREFERRED FIRST NAME:** \_\_\_\_\_ **GENETIC GENDER:** \_\_\_\_\_ **GENDER IDENTITY/PRONOUNS:** \_\_\_\_\_

**MEDICATION ALLERGIES:** \_\_\_\_\_

**MEDS/SUPPS/BIRTH CONTROL/IUD/OTC:**      NAME                      DOSAGE                      FREQUENCY

<b>MEDS/SUPPS/BIRTH CONTROL/IUD/OTC:</b>	<u>NAME</u>	<u>DOSAGE</u>	<u>FREQUENCY</u>

**PREFERRED PHARMACY:** \_\_\_\_\_ **CROSS STREETS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

PRIMARY INSURANCE: \_\_\_\_\_ GROUP #: \_\_\_\_\_ MEMBER ID #: \_\_\_\_\_

INSURANCE CLAIMS ADDRESS: \_\_\_\_\_ CLAIMS PHONE #: \_\_\_\_\_

GUARANTOR'S NAME: \_\_\_\_\_ GUARANTOR DOB: \_\_\_\_\_ GUARANTOR PHONE: \_\_\_\_\_

GUARANTOR'S ADDRESS: \_\_\_\_\_

GUARANTOR'S EMPLOYER: \_\_\_\_\_ INSURANCE EFFECTIVE DATE: \_\_\_\_\_ SPECIALIST COPAY: \_\_\_\_\_

PATIENT'S RELATIONSHIP TO GUARANTOR: \_\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_ GROUP #: \_\_\_\_\_ MEMBER ID #: \_\_\_\_\_

INSURANCE CLAIMS ADDRESS: \_\_\_\_\_ CLAIMS PHONE #: \_\_\_\_\_

GUARANTOR'S NAME: \_\_\_\_\_ GUARANTOR DOB: \_\_\_\_\_ GUARANTOR PHONE: \_\_\_\_\_

GUARANTOR'S ADDRESS: \_\_\_\_\_

GUARANTOR'S EMPLOYER: \_\_\_\_\_ INSURANCE EFFECTIVE DATE: \_\_\_\_\_ SPECIALIST COPAY: \_\_\_\_\_

PATIENT'S RELATIONSHIP TO GUARANTOR: \_\_\_\_\_

### **REGISTRATION, INSURANCE, BILLING & FEES**

- Pinnacle Psychiatry is NOT ABLE to verify insurance eligibility prior to your visits. **IT IS THE PATIENT/GUARDIAN'S RESPONSIBILITY TO VERIFY INSURANCE COVERAGE/BENEFITS** and that Pinnacle Psychiatry is in-network, prior to any visits.
- **Any charges not paid by the insurance company will be the financial responsibility of the client.**
- Any changes in insurance, deductibles, and/or copays are the responsibility of the client.
- **Co-pays, deductibles, or any outstanding amounts on the client's account are due and payable prior to the client's appointment and will be collected prior to services being rendered.** A follow-up appointment will not be scheduled if there is a balance due, unless the provider determines that the client is in an emergency situation, in which case, a follow-up appointment will be provided, and the client will be given a 30-day written termination notice. **An outstanding balance on the client's account includes no show fees that remain unpaid.**
- **Should billing issues arise, the client is to contact us directly,** so we can get them in contact with our billing department.
- **A current driver's license is required** for all forms of payment, including check.
- The patient is responsible to pay the **\$25 bounced check fee,** should a check bounce.

### **PAYMENT CARD ON FILE CONSENT**

Pinnacle Psychiatry employs a service, AdvancedMD/InstaMed, that enables your credit card, debit card, or health savings account card to be stored within our billing system (NOT your medical record). This enables us to process payment at the time of service or at a later date. The credit card number is securely stored on a remote server and is not visible to us.

- When checking you in for your appointment, **PAYMENT IS DUE AT THE TIME THAT SERVICES ARE RENDERED.**
- If you permit us to store your credit card, we can use it for future payments including when your insurance company denies the claim.
  - **By signing here, you are consenting for Pinnacle Psychiatry to store a payment card on file for payments.**

PAYMENT CARD# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_ CARD ZIP CODE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ PATIENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SELF-PAY POLICY**

Pinnacle Psychiatry is accepting self-pay clients who are not insured or opt to see us without insurance. **The 2022 fees for new patient appointments are \$360 for new patient visits, \$120 for follow up visits.** All payments for services are due and payable prior to the visit, prior to services being rendered.

**PRESCRIPTION POLICY**

- Patients **must legally be established patients** of Pinnacle Psychiatry to be prescribed medications.
- **If a patient has not been seen within the previous 90 days, no Schedule II Controlled medications will be prescribed/refilled** until the patient has been seen and drug testing has been performed.
- **If a patient has not been seen within the previous 180 days, no Schedule III-V Controlled medications will be prescribed/refilled** until the patient has been seen in follow-up.
- **If the patient has not been seen within the past twelve (12) months, no prescriptions will be provided whatsoever**, to ensure appropriate, proactive patient care. **THIS IS ARIZONA LAW.**
- ALL patients seeking/obtaining controlled substances MUST be strictly compliant with our Controlled Substance Policy (SEE BELOW), including mandatory drug testing.
- ***In signing this consent agreement, YOU GIVE PINNACLE PSYCHIATRY CONSENT TO OBTAIN YOUR PRESCRIPTION HISTORY as is available within our electronic medical records system.*** Though limited, this system may have access to view prescriptions you have been prescribed from other providers.

**APPOINTMENT REMINDER TEXT & VOICEMAIL POLICY**

- In compliance with the Telephone Consumer Protection Act, we require written consent to send text or voicemail confirmation of your appointments.
- It is the patient's responsibility to ensure that the phone number provided to Pinnacle Psychiatry is the preferred and direct phone number for the patient or legal guardian.
- **By signing this consent, THE PATIENT OR GUARDIAN AGREES TO ALLOW TEXT, VOICEMAIL, AND/OR EMAIL APPOINTMENT REMINDERS to be sent to the primary phone number and email address on file.**

PATIENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**LATE & NO SHOW POLICY**

- Patients who are **10+ minutes late for their scheduled appointment time will NOT be seen and will have to be rescheduled.** We will make every effort to accommodate a late patient within the same day, whenever possible. **However, it is the patient's responsibility to ensure their care and thereby their success in treatment.**
- Clients who fail to show for an appointment or do not provide notice within the same business day will be assessed a **NO-SHOW FEE of \$50 for follow up appointments and \$100 for new patient appointments.**
- If you no-show for a **NEW** patient appointment, without calling or emailing to cancel, **you WILL NOT be eligible to become a patient.**
- Pinnacle Psychiatry can be reached at all times for canceling and rescheduling appointments at 623.321.2221, or via email at [frontdesk@pinnaclepsych.com](mailto:frontdesk@pinnaclepsych.com) OR Sherri@PinnaclePsych.com. A voicemail may be left after hours. Reminder calls and emails through our automated system (Patient Fusion) are a courtesy and only occur reliably when your email address and phone numbers on file are correct.
- **It is the client's responsibility to ensure they are present for their scheduled appointment(s) or to provide notice of their cancellation.** No show fees are not negotiable, except in extenuating circumstances that would have to be approved. **If the patient wishes to remain a patient of Pinnacle Psychiatry, all no-show fees must be paid in full.**
- If a client has a **second no-show, at the provider's discretion, the patient may be terminated from care,** at which time the patient would receive a certified letter informing them that care has been terminated.

### CONTROLLED SUBSTANCE POLICY

- PRESCRIPTION AND ILLICIT DRUG ABUSE AND DIVERSION HAS REACHED EPIDEMIC PROPORTIONS, AND CAN LEAD TO OVERDOSE AND DEATH, SO THERE IS NO ROOM FOR LAXITY ON THIS SUBJECT.
- **We will, under no circumstances, prescribe controlled medications for a patient unless they are undergoing routine drug testing**, as a requisite for treatment with any controlled substances at our clinic. (Controlled medications are copious and can be identified in full at the DEA website, [www.deadiversion.usdoj.gov/schedules/index.html](http://www.deadiversion.usdoj.gov/schedules/index.html). If you are unclear if any of your medications are controlled substances, please ask your provider or consult this website.)
- **We reserve the right to drug test any patient, at any time, for any reason, as our ability to prescribe is predicated on safe and appropriate prescribing practices.**
- **If insurance does not cover the cost of the drug test required to prescribe the patient's controlled substance, paying for the drug test is the responsibility of the patient.** However, the lab does have a discounted cash rate for such instances.
- **MARIJUANA IS A FEDERALLY PROHIBITED SUBSTANCE, AND PRESCRIBER'S LICENSES ARE FEDERAL DEA LICENSES. AS A RESULT, PINNACLE WILL NOT PRESCRIBE ANY CONTROLLED SUBSTANCES FOR ANY PATIENT POSITIVE FOR EXCESSIVE LEVELS OF MARIJUANA/THC, UNLESS THEY HAVE PROVIDED COPIES OF THEIR PRESCRIPTION THROUGH A CERTIFIED MEDICAL MARIJUANA PRESCRIBER.**
- **EXCESSIVE ALCOHOL IS A THREAT TO PATIENT SAFETY AND DIRECTLY INTERACTS DANGEROUSLY WITH SOME PSYCHIATRIC MEDICATIONS.** If drug testing performed reflects excessive or dangerous levels of alcohol metabolites, PINNACLE PSYCHIATRY WILL NOT PRESCRIBE ANY CONTROLLED SUBSTANCES WHATSOEVER, in the interest of patient safety and judicious prescribing.
- **IF, AT ANY TIME, A PATIENT TESTS POSITIVE FOR A SUBSTANCE THEY SHOULD NOT BE TAKING, IS NOT BEING PRESCRIBED TO THEM, OR IS ILLEGAL OR ILLICIT, OR IS NEGATIVE FOR A CONTROLLED SUBSTANCE THEY ARE REPORTEDLY TAKING CONSISTENTLY, WE WILL NO LONGER PRESCRIBE CONTROLLED SUBSTANCES FOR THE PATIENT, AND THIS DECISION WILL NOT BE REVOKED.**

### FORMS POLICY

- **There is a fee for completion of forms (FMLA, short-term and long-term disability, social security disability, etc.). Fees depend upon the length of time requisite for Pinnacle Psychiatry to complete said forms, ranging from \$25-100.**
- Fees for administrative services are to be paid in advance and are not billed to your insurance carrier and/or to your client account. Administrative services including any paperwork that must be completed for **FMLA, short-term or long-term disability, social security disability**, insurance prior authorizations, and so on.
- **Long-term Disability and Social Security Disability documentation requires the signature of a medical doctor (MD) or a doctor of osteopathy (DO) only and WILL NOT ACCEPT the signature of a physician assistant (PA).** In this case, your forms will be signed by Pinnacle Psychiatry's supervising physician.

### TERMINATION POLICY AND PROCEDURE

**Clients may terminate treatment at any time, if they so choose. Conversely, Pinnacle Psychiatry may terminate treatment for the following reasons:**

- The provider determines that the clinic staff does not have the expertise to treat the client's problems.
- The provider determines that the client needs a higher level of care and Pinnacle Psychiatry doesn't provide the scope of services needed for the client.
- The client is **failing to adhere to the treatment plan or practice policies** – i.e. **misuse of prescribed medication**, testing **positive for illicit or non-prescribed** substances, testing **negative for medications** the client is reportedly taking consistently, violating Pinnacle's Controlled Substance and Prescription Policy, failure to notify the provider of significant changes in condition, **two or more no-shows** (with or without 24 hours' notice) consecutively for scheduled appointments, or multiple appointment cancellations that result in significant periods without treatment.
- Failure to pay outstanding charges on client account or failure to pay for services, including no show fees.
- Inappropriate behavior (e.g., threats, derogatory language, abuse of staff, unprofessional conduct, and/or any disruption to the clinic).

If the clinic terminates care, the **client will be provided written notice** including the reasons for the termination and referrals for alternative sources of treatment. Notice period will be 30 days UNLESS termination is due to non-adherence with the treatment plan or potentially dangerous behavior, in which case the client is in violation of this treatment contract and waived the notice period.

**Terminations are permanent.** Terminated patients cannot resume care under Pinnacle Psychiatry in the future.

**NOTICE OF PRIVACY PRACTICES & CONSENT TO TREAT**

- I consent to the use and disclosure of the aforementioned patient’s Protected Health Information by Pinnacle Psychiatry for the purpose of diagnosing, providing treatment, obtaining payment for health care bills, or to conduct health care operations of Pinnacle Psychiatry. I understand that diagnosis or treatment by Pinnacle Psychiatry may be conditioned upon this consent as evidenced by the authorizing signature on this document.
- Use and disclosure of Protected Health Information (PHI) is regulated by a federal law known as “The Health Insurance Portability and Accountability Act of 1996” (“HIPAA”). Under HIPAA, providers of healthcare are required to give patients their Notice of Privacy Practices for PHI and make a good-faith effort to obtain a written acknowledgement that this notice was received.
- **By signing this consent form, I acknowledge receipt of the Notice of Privacy Practices and Clinic Policies and Procedures.** Furthermore, I’m agreeing that Pinnacle Psychiatry can request and use my prescription medication history from other healthcare providers and/or third-party pharmacy benefit payers for treatment purposes.
- I understand I have the right to request a restriction as to how PHI is used or disclosed to carry out treatment, payment, or health care operations of the practice of Pinnacle Psychiatry, which is not required to agree to the restrictions that I may request. However, if Pinnacle Psychiatry agrees to a restriction that I request, the restriction is binding on Pinnacle Psychiatry. I have the right to revoke this consent, in writing, at any time, except to the extent that Pinnacle Psychiatry has taken action in reliance on this consent.
- The patient’s “Protected Health Information,” or PHI, refers to health information, including his/her demographic information, collected from the patient and created or received by his/her physician, another healthcare provider, a health plan, an employer, or a healthcare clearinghouse. This PHI relates to past, present, or future physical or mental health or condition and identifying information, or there is a reasonable basis to believe the information may personally identify the patient named above.
- **I understand I have been instructed to review Pinnacle Psychiatry’s Notice of Privacy Practices and Clinic Policies and Procedures prior to signing this document,** at my first visit, online, and at all subsequent visits. Pinnacle Psychiatry’s Notice of Privacy Practices and Clinic Policies and Procedures has been provided to me and is available online and in the clinic.
- Pinnacle Psychiatry reserves the right to change the practices that are described in the Clinic Policies and Procedures and the Notice of Privacy Practices. I may obtain a copy of either of these documents by calling the office, requesting a revised copy be sent in the mail, or by asking for one at the time of my next appointment.

**BY SIGNING THIS FORM, I CONFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE POLICY AND CONSENT. I UNDERSTAND I CAN ASK ANY PINNACLE STAFF MEMBER FOR CLARIFICATION AND RE-READ THIS POLICY, ONLINE OR IN THE OFFICE, AT THE FRONT DESK, AT ANY TIME.**

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Patient Name

Signature of Patient or Legal Guardian

Date

PLEASE EMAIL ALL REQUIRED DOCUMENTS TO [FRONTDESK@PINNACLEPSYCH.COM](mailto:FRONTDESK@PINNACLEPSYCH.COM).

YOUR EMAIL MUST PLEASE INCLUDE:

- 1) FRONT AND BACK OF **HEALTH INSURANCE CARD**.
- 2) FRONT AND BACK OF **DRIVER’S LICENSE** OF PATIENT (OR INSURED/GUARDIAN).
- 3) **ALL FIVE (5) PAGES OF THIS DOCUMENT** (NEW PATIENT INFO/CONSENT TO TREATMENT).

*IT MAY TAKE ONE (1) WEEK OR MORE FOR US TO PROCESS YOUR DOCUMENTATION AND CONTACT YOU TO SCHEDULE YOUR NEW PATIENT CONSULT, BUT WE WILL REACH OUT ASAP.*

*THANK YOU TREMENDOUSLY FOR YOUR PATIENCE!*