

MidAmerican Psychological Institute, P.C.
1415 Maple Road - Joliet, IL 60432
(815) 735-0732

Please complete the following form so we can establish a Client Record. If at any time your original information needs to be updated, please inform your clinician immediately. Items left blank or incorrectly entered may lead to insurance claim denials, which you will be responsible to pay.

Last Name	First Name	Middle Name
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Phone Number (Home)	Phone Number (Cell/ Work)
Address, City & State, ZIP Code		
Circle Marital Status: Single Married Other	Social Security Number	Birthday (mm/dd/yyyy)
Circle student status: Not a Student Full-time Part-time	Driver's License Number	Age
Name of insured person	Insured person's Address, City, State & ZIP Code	
Insured person's birthday (mm/dd/yyyy)	Relationship to the insured person	
Employer of Responsible Party	Employer's Address, City, State & ZIP Code	
Name of Insurance Company	Insurance Company Address, City, State & ZIP Code	
Name of Policy Holder	Identification Number	Group Number
Effective Date of Coverage:	Is this an HMO Plan? Yes No	Is authorization required? Yes No

Feedback Request: The MidAmerican Psychological Institute (MPI) offer individualized feedback for all assessment clients. Would you like general feedback about the results of this psychological assessment after the process has been completed? (Circle): Yes No

If yes, please provide your email address: _____

The insured authorizes the MidAmerican Psychological Institute, P.C. (MPI) to affix the client's name to any and all claims or documents as related to any and all health benefits due me and my dependents. The insured hereby authorizes payment of mental health/ behavioral health benefits otherwise payable to me, directly to the MidAmerican Psychological Institute, P.C. An account that has not been paid for more than 60 days without payment arrangements being made will be eligible for collection proceedings. This may involve legal action, hiring a collection agency, or going through small claims court. This "Signature on File" will be valid from this date and shall expire in one year. A photocopy of this document may act as an original.

Signature on file

Date

MidAmerican Psychological Institute, P.C.

1415 Maple Road

Joliet, IL 60432

(815) 735-0732

TheMPIInstitute.com

TheMPIInstitute@comcast.net

OUTPATIENT SERVICES CONTRACT

Welcome to the MidAmerican Psychological Institute, P.C. This document contains important information about our professional services and business policies. Please read it carefully and note any questions you might have. When you sign this document, it will represent an agreement between us.

CONFIDENTIALITY

In general the privacy of all communications between a client and a therapist is protected by law. MidAmerican Psychological Institute, P.C. will only release information to others about you and our work together if we have your written permission. However, please note that there are occasional exceptions to this policy.

In case of legal proceedings, a client has the right to prevent us from providing any information about his or her treatment. In some proceedings involving child custody and those in which a client's emotional condition is an important issue, a judge may order our testimony if he or she determines that the issues demand.

There are some situations in which we are legally obligated to take action to protect others from harm, even if it is necessary to reveal some information about a client's treatment. For instance, if we believe that a child, elderly person or disabled person is being abused, we are required to file a report with the appropriate state agency.

If we believe that a client is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police or seeking hospitalization for the client. If the client threatens to harm him or herself, we may be obligated to seek hospitalization for him or her or to contact family members or others who can provide protection.

These situations have rarely occurred in our practice. If a situation should arise, we will make every effort to fully discuss it with you before taking any action.

PRE-SURGERY PSYCHOLOGICAL ASSESSMENT SERVICES

Assessment results and reports are considered confidential information. All surgery candidates are required to have a psychological assessment to evaluate their readiness for surgery and the post-surgery lifestyle.

(Client initials)

PROFESSIONAL FEES

Full payment for each session, or in the case of insurance coverage, the required co-payment, is due at the time of service. An account that has not been paid for more than 60 days without payment arrangements being made will be eligible for collection proceedings. This may involve legal action, hiring a collection agency, or going through small claims court. If legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a client's treatment is his or her name, the nature of services provided and the amount due.

INSURANCE REIMBURSEMENT

If you have health insurance coverage, it will usually provide some benefits for mental health treatment. You should carefully read the section in your insurance booklet about these benefits. If you have any questions about the coverage, call your plan administrator to find out exactly what services your insurance coverage provides.

Ultimately, you, not your insurance company, are responsible for full payment of our fees.

In recent years, insurance benefits have become increasingly more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. You are responsible for determining if you require pre-authorization.

You should also be aware that most insurance companies require you to authorize your mental health professional to provide them with a clinical diagnosis. Sometimes it is necessary to provide the insurance company with additional clinical information such as treatment plans or summaries or, in rare cases, copies of the entire record. This information will become part of the insurance company's files and may be stored in a computer. Although all insurance companies claim to keep such information confidential, MidAmerican Psychological Institute, P.C. has no control over their practice once it is in their hands. In some cases, they may share the information with a national information databank. You have the right to contact your insurance company to find out more about their policies.

There is a 1.5% monthly late charge assessed on all balances after 60 days past due. Checks, which are declared non-sufficient funds, will be charged a \$75 service fee. Also, the undersign agrees to pay a collection fee of 25% of the total owed when sent to collection, all attorney fees and court costs incurred by the creditor.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during your professional relationship with MidAmerican Psychological Institute, P.C.

I understand that I am ultimately responsible for the assessment fees, even if I do not have the surgery, and even if my insurance denies payment.

Please print

Client's Name: _____

Client's Address _____

Client's Phone Number: _____

Signature: _____ Date: _____

