



Patient Name: _____ Pronouns: M/F/U. DOB: _____

Parent Name: _____ Parent Email: _____

Parent Cell Phone: _____ Preferred Pharmacy: _____

Address: _____

Please initial the following if applicable: ____ You may call my cell phone and leave a voicemail if I am unavailable.

____ I consent to disclosure of protected health information to the following family member(s) or person(s) involved in my child's care or payment for care.

____ I acknowledge having received Attention-MD NJ's notice of privacy practices. (Copy available upon request.)

Name: _____ Relationship: _____

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Attention-MD New Jersey is a fee for service facility and is not in-network with insurance plans. Payment will be due at the time of service and our office will provide you a claim form for you to submit to your insurance. I acknowledge and voluntarily accept responsibility for payment of services provided by Attention-MD NJ. Our current fee schedule:

Initial Consult--\$475.00	Recheck--\$135.00
Recheck with QbTest--\$220.00 (Done annually)	Telehealth Encounter: \$90.00
Recheck (Greater than 1 year from last DOS). \$300.00	Encounter for QbTest without clinical interpretation \$100.00
Missed appointment: \$50 (this includes appointments not canceled greater than 24 hours)	Extensive forms or accommodations requests: \$50 Replacement prescriptions: \$10

Our office does not communicate with any insurance providers regarding fees. Initial here: ____

Attention-MD New Jersey requires all patients to keep an active credit card on file with us. We use this to process fees accrued, as follows. All balances, not paid within 60 days following the date of professional service or fee accrual, with no payment arrangement in place.

I, _____ (parent, legal guardian, patient if 18 or older), acknowledge that I understand the Attention-MD New Jersey, Credit/Debit card policy.

Card Type: _____ Name on Card: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____. CVV: _____ Billing Zip Code: _____

Guarantor Signature or Patient (if 18 or older) Date _____