

**Synergy Counseling of  
Greenwood**  
101 East Cambridge Ave  
Greenwood, South Carolina, 29646  
Phone 864-223-2243, fax 864-223-5851

**CONFIDENTIAL PATIENT INFORMATION**

Welcome to the practice **Synergy Counseling of Greenwood**. Please fill out the following questions as completely as possible. Please print or write legibly.

Date:	Referred by:(Name/Phone #)		
Patient Name:			
Marital Status: (please circle one)	Single	Married	Separated Divorced Other
Street Address:			
City, State, Zip Code:			
Home Phone:	Cell Phone:		
SSN:	Birthdate:	Age:	
Birth place:	County:		
Employer:			
Address:	Phone		
<b>Spouse/Guarantor Name:</b>	<b>Birthdate</b>		
Address (if different):			
City, State, Zip Code:			
Employer:	Phone:		
Address:			
<b>Name of Primary Insurance:</b>			
Address:			
Insured's Name:	Insured's SSN:	Birthdate	Phone #:
Policy#	Group #		
Insured's Employer			
<b>Name of Secondary Insurance:</b>			
Address:			
Insured's Name:	Insured's SSN:	Birthdate	Phone #:
Policy#	Group #		
Insured's Employer			

**Emergency Contact:(Name/Phone#)** \_\_\_\_\_  
**Relationship to Patient:** \_\_\_\_\_

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<b>Primary Physician Name/Phone#:</b>
<b>Current Medical Problems:</b>
<b>Allergies:</b>
<b>Current Medications:</b>
<b>Reason for today's visit: (Must be completed):</b>
<b>Additional Information that we should know:</b>

Please remember that is considered a method of reimbursing the provider for service rendered. Some companies will pay fixed allowances for certain procedures and others pay a percentage of the charge. It is the patient's responsibility to pay any deductible amount, coinsurance, copays or any other balance not paid by your insurance company. If we are filing a claim, we will allow 45 days from the filing date for the insurance carrier to process your claim and make payment accordingly. If payment from your insurance company is not received within the time period specified above, we will notify you to clear your account of all balances.

I certify that I have read and fully understand the providers billing and agree to make in full and/or satisfactory arrangements to be determined by Synergy Counseling of Greenwood.  
To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of portions my medical records. I hereby assign all medical health benefits, to include major medical benefits to which I am entitled including Medicare, Medicaid, private insurance and/or other health plans to Synergy Counseling of Greenwood.

The assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by the insurance carrier.

I hereby authorize said assignee to release all information necessary to secure payment. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable fees and collection expenses?

**Print Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Patient/Guarantor Signature** \_\_\_\_\_

**FOR OFFICE USE ONLY: ACCOUNT#** \_\_\_\_\_

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**NEW PATIENT INITIAL PSYCHIATRIC EVALUATION POLICY**

Please read the complete form.

If you are a new patient of the Synergy Counseling of Greenwood, you may be seen for an initial evaluation. During this evaluation you will be asked questions regarding your symptoms, diagnosis and treatment. At the end of the evaluation, there will be a discussion to determine whether:

Treatment will be provided for you as a patient or if treatment cannot be provided for you as a patient. In this case, a recommendation for the appropriate services may be made possible.

Being scheduled for an initial Psychiatric Evaluation does not mean that you have become a patient of the practice, but that you are scheduled for an assessment only. Only those patients accepted into the practice will be provided treatment.

The prescription of all medications is based on the clinical judgement of Akila Boozer, APRN. Akila may agree or decline to prescribe any medication, especially drugs with a high abuse potential such as benzodiazepines, stimulants or other controlled substances. The practice currently does not provide substance treatment of "detoxification" from medications or drugs.

If you are scheduled for an initial appointment with Synergy Counseling of Greenwood, you will be seen by a therapist, social worker or other professional who is not an independent contractor affiliated with this practice to provide clinical services based on their training accordance with their licensure and scope of practice guidelines.

After their initial treatment by therapist or social worker who is an independent professional will discuss treatment recommendations to you.

Being accepted for treatment by a therapist or social worker who is an independent contractor, does not mean that you are a patient of Synergy Counseling of Greenwood. Only those patients directly assessed and agreed to be treated by Akila Boozer, can be prescribed medication or have documentation completed by Akila Boozer.

Patients seeking treatment or evaluation for completion of documentation disability evaluations, anger management or legal proceedings must inform the practice of this information at the time of intake and during the Initial Psychiatric Evaluation so that the appropriate treatment recommendations can be made. Failure to do so may result in dismissal from the practice.

**Please check circle one:**

1. I agree to the above policy and will be seen by Akila Boozer, APRN for an Initial Psychiatric Evaluation. Please complete the remaining forms and return them to the receptionist.
2. I do not agree to see Akila Boozer, APRN for an Initial Psychiatric Evaluation at this time. Please return the forms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Practice Financial and Treatment Policy**

**IMPORTANT:** There will not be anyone available 24 hours a day. In the event of a problem, please call during office hours or you may leave a message with the answering service. In the event of an emergency or urgent situation after office hours, please go to your nearest emergency room for treatment.

**MEDICARE/MEDICAID:** We accept assignment which means we fill all claims. The patient is responsible for the portion of the allowable at the time of service, plus the deductible and any services not covered. We will file any Medigap policies with which we participate.

**MANAGED CARE COMPANIES:** We may contract with some Managed Care Companies. The patient will be required to pay the amount set forth in these contracts and the amounts may vary according to our contract with the company.

**PRIVATE INSURANCE AND SELF PAY:** We will file your insurance; however, you must pay at the time of your appointment. Failure to do so may result in rescheduling your appointment. Our office accepts cash or credit cards as payment.

We do not allow patients to carry a balance. If you cannot afford your copay, you must make arrangements before you are seen.

**Other information:**

- An initial Psychiatric Evaluation does not guarantee a follow-up appointment.
- The patient must notify the practice at the time evaluation, if they seeking an evaluation/treatment for a pending legal matter. Court appearances will be at the discretion of the provider and the fee will be \$500.00/hour.
- A patient will be dismissed from the practice after missing 2 appointments (no shows). a "NO SHOW" is defined as missing a scheduled appointment without notifying the office 24 hours before the scheduled appointment. for each no show, the patient (guarantor) will be charged \$25.00. this fee must be paid by the patient and will not be filed with insurance.  
It is the patient's responsibility to call for prescription refills during normal office hours as stated above. The practice and the answering service will not call in prescription refills at night or on weekends.
- Signing an AMA (Against Medical Advice) form will result in dismissal from the practice.
- The practice reserves the right to implement other patient charges such as prescriptions charges, as it sees fit.
- The practice reserves the right to dismiss any patient who is non-compliant with treatment or this contract.

I have read and understand these policies:

Print Patient Name \_\_\_\_\_  
Patient/Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE**

This signed form acknowledges that you have received a copy of our Practices Notice of Privacy Practices as required by Federal law. Your signature does not mean that you have read this notice, only that you were given a copy to read when convenient for you. This notice is yours to keep.

If you have any questions regarding the information set forth on this Notice of Privacy Practices, please do not hesitate to ask our staff or call us later.

Printed Name of Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Authorized Person (if not patient): \_\_\_\_\_

Today's Date: \_\_\_\_\_

For patient's receiving this notice via mail, please sign and return form to:

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Directions to Staff:

After patient has signed this form, it should be placed in the HIPPA section of the medical chart. If the brochure and this form were mailed to the patient, then the staff should write on a second blank form the patient's name and date mailed and this documentation should be inserted into the medical chart.

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**FREQUENTLY NON-COVERED PROCEDURES AND TREATMENTS**

- Preparations of Evaluation Reports/Treatment Summaries
- Consultations/Record Review
- Telephone Consultations
- E-mail Consultations
- After-hour, Non-emergency calls
- Medication refills (between appointments)
- Medical records request
- Completion of letters, reports, FMLA forms, SSI forms, Treatment Plans
- Unpaid balance/late charges
- No-shows/late cancel fees
- other

Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

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**SERVICE FEES**

<b>Initial Evaluation (private pay)—60 minutes</b>	<b>\$155.00</b>
<b>Follow-up (private pay)—30 minutes</b>	<b>\$45.00</b>
<b>Follow-up 15 minutes</b>	<b>\$45.00</b>
<b>Noncompliance w/appt for refill</b>	<b>\$35.00</b>
<b>FMLA Papers</b>	<b>\$35.00</b>
<b>Letter for reference of disability</b>	<b>\$35.00</b>
<b>No show/ late cancel fee</b>	<b>\$25.00</b>

**Money upon service— no credit**

**Cash Payment only— not on insurance panels**