Mindful Medicine New Patient Paperwork

Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Date of Birth: _____ **Age:** _____

Primary Care Physician: _____

Primary Care Physicians Name and Phone Number: _____

_____

If you are currently seeing a therapist, please provide name and contact information: _____

Preferred Pharmacy Name and Address: _____

_____

Please indicate name address, phone number and relation to patient if a third party is responsible for payment:

_____

_____

_____

How did you hear about us?

_____

Please initial each line in agreement prior to services:

_____[initial] I understand that information provided is confidential. It will be documented in a chart. I also understand that certain information is neither privileged nor confidential, including but not limited to, threats of harm to self, threats of harm to others, suspicion of child or elder abuse, failure to pay bills to my provider etc.

_____ [initial] I understand I am responsible for payment in full for all charges at the time of service and that failure of payment will be sent to collections if not received in a timely manner.

_____ [initial] I understand that any appointment must be cancelled at least 48 hours in advance, or a full charge will apply.

_____[initial] I understand that if I miss more than 2 consecutive appointments or more than 4 appointments total in 6 months that your chart will be closed, and due notice will be considered automatically given.

_____ [initial] I understand that no medication refill request will be honored with less than 3 working days' notice, and that no medication refill request will be honored unless there has been an office visit within the past 60 days.

_____ [initial] I understand that there is no supervisory or liability inducing relationship between any providers care in this office or office complex; any form sharing and/or office sharing does not constitute a partnership or any form of hierarchical structure. All providers are entirely independent providers. None of them hold any liability for the actions of the other in any manner.

I consent, assent and request evaluation and treatment by Dr. Barness or a member of his team. I understand that treatment does not guarantee symptom resolution and that some individuals may show no improvement or even worsen.

Signature: Date:

Mindful Medicine does not accept any form of insurance, including Medicare and Medicaid. Payment must be in the form of cash, check, Venmo, Zelle, PayPal or credit card. A $50 fee will be charged for any check with insufficient funds. I understand this billing policy and I choose to waive all insurance benefits regarding payment for services. Our office will provide an itemized receipt for you to submit to insurance for out of network benefits.

Signature: Date:

If I have Medicare or Medicaid, I choose to waive my benefits for serviced with this provider.

Signature: Date:

Mindful Medicine
more time • more care • more results

Mindful Medicine Fee Schedule

Fee Schedule for Board Certified Psychiatrist Dr. Michael Barness, MD:

Initial 60-minute Psychiatric Evaluation- **$600**

60-minute Medication Management + Psychotherapy- **$600**

30-minute Medication Management Follow up – **$300**

Fee Schedule for Nurse Practitioner Dr. Shirley Messina (Ages 8 and up):

Initial 60-minute Psychiatric Evaluation- **$500**

30-minute Medication Management Follow up – **$250**

Fee Schedule for Physician Assistant Rachel Ramos (Ages 5 and up):

Initial 60-minute Psychiatric Evaluation- **$500**

30-minute Medication Management Follow up – **$250**

Fee Schedule for Nurse Practitioner JoAnna Luongo (Ages 8 and up):

Initial 60-minute Psychiatric Evaluation- **$500**

30-minute Medication Management Follow up – **$250**

Fee Schedule for Therapist Hana Dolan Haar-LPC (Ages 18 and up):

Initial 60-minute Evaluation- **$400**

45-minute Follow up – **$200**

Fee Schedule for Therapist Angela Cangialosi-LAC (Ages 14 and up):

Initial 60-minute Evaluation- **$400**

45-minute Follow up – **$200**

Fee Schedule for Therapist Majin "MJ" George-LPC (Ages 18 and up):

Initial 60-minute Evaluation- **$400**

45-minute Follow up – **$200**

I understand and agree to pay the above fees for services for Mindful Medicine

Signature: _____ Date: _____

Mindful Medicine Credit Card Authorization Form

I, _____ (hereinafter "the Cardholder"), hereby authorize Mindful Medicine (hereinafter "the Provider") to store my credit card information as detailed below.

Patient Information

Name (as it appears on the credit card): _____

Patient Name (if different from above): _____

Itemized Receipt Needed for Out of Network Insurance Benefits: Y or N

Email: _____

Credit Card Information

Credit Card Type (Please circle one): VISA | MASTERCARD | AMEX | DISCOVER

Is this card a Flexible Spending/Health Savings card? Y or N

Credit Card Number: _____

Expiration Date: _____

Security Code (CVV): _____

Billing Zip Code: _____

Authorization

I authorize Mindful Medicine to store my credit card details for potential future charges if payment for services rendered is not received within 48 hours.

Signature: _____ Date: _____

I authorize Mindful Medicine to charge my credit card on file after each visit.

Signature: _____ Date: _____

Please complete and sign this form to authorize Mindful Medicine to store and use your credit card.

Mindful Medicine Consent Form for patients ages 18 and over

I, _____ give Mindful Medicine consent to speak about my case with the following entities: _____.

I am aware that this may include sharing of records and/or verbally discussing your case.

Signature: _____ Date: _____

Mindful Medicine Office Directions

Industrious @ Short Hills

Address: Mindful Medicine

1200 Morris Turnpike Suite 3005

Short Hills, NJ 07078

Directions: Please Park on the 3rd level of **Teal Parking Garage** (3a) at the Short Hills Mall, you will be able to access our main entrance there. We are located directly above Crate & Barrel in the parking garage shared by Bloomingdales. If you are putting this into your GPS Navigation, please enter **Teal Parking Garage** and it will bring you to the exact location.

When you arrive and park, please text or call us at 973-525-6757 and we will let you in.

Please call us if there is any confusion or if you are having trouble finding the office on the day of your appointment.