Excel Psychiatric Associates, PA
10225 Hickorywood Hill Ave., Suite B
Huntersville, NC 28078
P: 704.457.9292 F: 704.274.5783

***PATIENT REGISTRATION PAPERWORK***

Name:_____ DOB: _____ Gender: _____

Address:_____

City, State, ZIP: _____

SSN:_____ Status: ☐Single ☐Married ☐Partnered ☐Divorced ☐Widowed

Mobile Phone: _____ Landline Phone: _____

E-mail: _____

***MEDICAL AND REFERRAL INFORMATION***

How did you find our practice? _____

Name of Primary Care Provider & Practice: _____

Other Medical Specialists (e.g. Neurologist, Cardiologist): _____

Pharmacy Name, Street, and ZIP Code: _____

***EMERGENCY CONTACT***

Who should we contact in case of an emergency? _____

Relationship to you: _____Contact Information: _____

***CONSENT FOR CARE***

I, the patient or patient's legal representative, hereby grant permission to providers of Excel Psychiatric Associates, PA (EPA) to perform such examinations, medical, and therapeutic procedures as may be professionally deemed necessary or advisable and to communicate about them via telephone, mail, fax, and e-mail for my/the patient's diagnosis, treatment, payment, and healthcare operations. I am aware that the practice of medicine is not an exact science and that no guarantees or promises have been made to me as to the result of treatment or examination, and that initial consultation does not necessarily create a doctor-patient relationship. I consent for EPA to obtain my prescription history

**Patient Signature:** _____ **Date:** _____

If Patient is a **Minor or unable to sign**, authorization is given on the patient's behalf:

Signature: _____ Date: _____

Printed Name: _____ Relationship to Patient: _____

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***MEDICAL HISTORY***

1. Physical (non-mental) Health Problems:

2. List all previous surgeries and approximate year:

3. Current Therapist/counselor:

4. Medication Allergies:

5. All Current Medications (please list dose and frequency):

***Personal History Questionnaire***

1. Place of Birth/Hometown

2. Highest Level of Education: ☐High School ☐College ☐Graduate

3. Hobbies

4. Employment Status
☐Employed (list job title, company, and length at position):
☐Retired ☐Unemployed ☐Not working by choice:
☐Disabled (list reason for disability and year granted):

5. Number of people in household:

6. Total Household Income:

7. Military service (list branch, length of service, position, type of discharge)

8. *Current* concern about amount of alcohol or drug consumption? ☐ Yes ☐ No
9. *History* of concern about amount of alcohol or drug consumption? ☐ Yes ☐ No
10. Have you had any sort of treatment for alcohol/drug consumption? ☐ Yes ☐ No
11. Have you been arrested, convicted of a crime, or incarcerated? ☐ Yes ☐ No
12. History of physical, sexual, or emotional abuse? ☐ Yes ☐ No

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**Please check off any medication you have ever taken**

- ☐ Marplan (isocarboxazid)
- ☐ Nardil (phenelzine)
- ☐ Parnate (tranylcypromine)
- ☐ Emsam patch (Selegiline)

- ☐ Tofranil (imipramine)
- ☐ Elavil (amitriptyline)
- ☐ Pamelor (nortriptyline)
- ☐ Anafranil (clomipramine)
- ☐ Sinequan / Silenor (doxepin)
- ☐ Norpramin (desipramine)

- ☐ Prozac (fluoxetine)
- ☐ Zoloft (sertraline)
- ☐ Paxil [□CR] (paroxetine)
- ☐ Luvox [□CR] (fluvoxamine)
- ☐ Celexa (citalopram)
- ☐ Lexapro (escitalopram)

- ☐ Effexor (venlafaxine)
- ☐ Cymbalta (duloxetine)
- ☐ Pristiq (desvenlafaxine ER)
- ☐ Savella (milnacipran)
- ☐ Fetzima (levomilnacipran ER)

- ☐ Wellbutrin / Aplenzin / Zyban (bupropion)
- ☐ Serzone (nefazodone)
- ☐ Remeron (mirtazapine)
- ☐ Oleptro XR / Desyrel (trazodone)
- ☐ Symbyax (fluoxetine+olanzepine)

- ☐ Viibyrd (vilazodone)
- ☐ Trintellix / Brintellix (vortioxetine)

- ☐ Ativan (lorazepam)
- ☐ BuSpar (buspirone)
- ☐ Klonopin (clonazepam)
- ☐ Librium (chlordiazepoxide)
- ☐ Valium (diazepam)
- ☐ Vistaril / Atarax (hydroxyzine)
- ☐ Xanax / (alprazolam)

- ☐ Belviq [□XR] (Lorcaserin)
- ☐ Chantix (varenicline)
- ☐ Contrave (bupropion/naltrexone)
- ☐ Phentermine (Adipex)
- ☐ Qsymia (phentermine/topamax)
- ☐ Saxenda (liraglutide)

- ☐ Depakote [□ER] (valproate/divalproex)
- ☐ Dilantin (phenytoin)
- ☐ Keppra (levetiracetam)
- ☐ Lamictal [□XR] (lamotrigine)
- ☐ Lithium / Lithobid
- ☐ Neurontin (gabapentin)
- ☐ Phenobarbital
- ☐ Tegretol [□XR] (carbamazepine)
- ☐ Topamax (topiramate)
- ☐ Trileptal (oxcarbazepine)

- ☐ Haldol (haloperidol)
- ☐ Loxitane (loxapine)
- ☐ Navane (thiothixene)
- ☐ Prolixin (fluphenazine)
- ☐ Stelazine (trifluoperazine)
- ☐ Thorazine (chlorpromazine)
- ☐ Trilafon (perphenazine)

- ☐ Clozaril (clozapine)
- ☐ Fanapt (iloperidone)
- ☐ Geodon (ziprasidone)
- ☐ Invega / □Sustenna (paliperidone)
- ☐ Latuda (lurasidone)
- ☐ Risperdal (risperidone)
- ☐ Saphris (asenapine)
- ☐ Seroquel [□XR] (quetiapine)
- ☐ Zyprexa / Zydis (olanzepine)

- ☐ Abilify / □Aristada (aripiprazole)
- ☐ Rexulti (brexpiprazole)
- ☐ Vraylar (cariprazine)

- ☐ Nuplazid (pimvanserin)

- ☐ Ambien [□CR] (zolpidem)
- ☐ Belsomra (suvorexant)
- ☐ Lunesta (eszopiclone)
- ☐ Prazosin (Minipress)
- ☐ Restoril (temazepam)
- ☐ Rozerem (ramelteon)
- ☐ Sonata (zaleplon)
- ☐ Trazodone

- ☐ CBD Oil
- ☐ St John's Wort, SAMe
- ☐ Melatonin, Valerian
- ☐ Benadryl, Tylenol PM, Unisom, Zzquil

- ☐ Artane (trihexyphenidyl)
- ☐ Azilect (rasagiline)
- ☐ Austedo (deutetrabenazine)
- ☐ Cogentin (benztropine)
- ☐ Comtan (entacapone)
- ☐ Gocovri (amantadine ER)
- ☐ Inderal [LA] (propranolol)
- ☐ Ingrezza (valbenazine)
- ☐ Primidone
- ☐ Mirapex (pramipexole)
- ☐ Provigil (modafinil)
- ☐ Nuedexta (dextromethoprhan&quinidine)
- ☐ Nuvigil (armodafinil)
- ☐ Requip (ropinirole)
- ☐ Sinemet (levodopa/carbidopa)
- ☐ Symmetrel (amantadine)
- ☐ Xenazine (tetrabenzene)
- ☐ Xyrem (sodium oxybate)

- ☐ Aricept (donepezil)
- ☐ Exelon patch (rivastigmine)
- ☐ Namenda [XR] (memantine)
- ☐ Namzaric (donepezil/memantine)
- ☐ Razadyne ER (galantamine)

- ☐ Antabuse (disulfiram)
- ☐ Campral (acamprosate)
- ☐ Ketamine
- ☐ Lyrica [□CR] (pregabalin)
- ☐ Methadone
- ☐ Nucynta (tapentadol)
- ☐ Suboxone/subutex (buprenorphine)
- ☐ Tramadol (Ultram)
- ☐ Vivitrol injection (naltrexone)

Amphetamine Family

- ☐ Adderall [□XR] | □ Evekeo | □ Zenzedi
- ☐ Adzenys | □Dyanavel | □Mydayis
- ☐ Dexedrine (dextroamphetamine)
- ☐ Vyvanse (lisdexamfetamine)

Methylphenidate Family

- ☐ Concerta | □Cotempla | □ Daytrana
- ☐ Focalin [□XR] / dexmethylphenidate
- ☐ Ritalin | □Metadate [CD/ER] | □Quillivant

Non-Stimulants

- ☐ Intuniv [ER] | □Tenex (guanfacine)
- ☐ Kapvay | □ catapres (clonidine)
- ☐ Strattera (atomoxetine)



***Name:***

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**Fee Schedules**

•Dr. Craig Chepke, MD:

Adult (ages 18+):
Initial Consultation: 60 minutes $295
Standard Follow-up: 20 - 25 minutes $160
Extended Follow-up: 45 - 50 minutes $240

Geriatric (over 60) or with Neurologic Disorder:
Initial Consultation: 75 minutes $340
Standard Follow-up: 20 - 25 minutes $165
Extended Follow-up: 45 - 50 minutes $245

Bounced, invalid, or returned check: $50
Pharmacogenomic Testing $55 (fee from laboratory company may apply separately)

Prescription refill service outside of appointment: non-controlled substances $40*, Controlled substances $85*
Applies to any medications phoned, faxed, sent electronically, or mailed outside of an appt.

Miscellaneous physician services, per 15 minutes: $75*
Examples include completion of paperwork or letters, clinical phone calls or emails, appeal of prescription benefits.
*All services provided outside of standard business hours (9AM - 5PM Mon-Fri) are billed at twice the standard rate.

•Tiffany Chepke, LCSW:
Initial Consultation: 50-60 minutes $125
Individual Therapy Follow-up: 30 minutes $60 | 45 minutes $80 | 60 minutes $120
Family Therapy Follow-up 45-50 minutes $150

**CREDIT CARD PAYMENT FOR PROFESSIONAL SERVICES (required)**

Name on account (exactly as it appears on credit card):_____

Billing address for credit card: _____

Credit card number: _____

Exp. Date:_____ 3 Digit security code (on back of card)_____

1. I authorize Excel Psychiatric Associates, PA ("EPA") to charge the above credit card for professional services provided by EPA to me, or if applicable to the following EPA client(s):

**Signature of cardholder**:_____ Date:_____

2. Payment for late cancellation or no show: I authorize EPA to charge my credit card the full rate for any missed appointment or for cancelling appointment without at least 48 business hr notice

**Signature of cardholder**:_____ Date:_____

Do I have a deductible for Rx medications? ☐ No ☐ Yes: $ _____ Amount met: $ _____
**Please contact your insurance for this information, as it greatly impacts your ability to access certain meds*

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***CLIENT SERVICES AGREEMENT***

Welcome to Excel Psychiatric Associates PA. We are honored that you have chosen us as your mental health providers and look forward to working with you. The mental health system can be confusing and we expect that you may have questions on our services, so we hope this document will help to answer your questions. This Client Services Agreement contains important information about the services that we provide and your rights and responsibilities while undergoing psychiatric treatment with us. lt is very important that you read this Agreement carefully. By signing this Agreement you are entering into a binding agreement with us. We can discuss any questions you have about this Agreement or our office procedures upon your request.

***APPOINTMENTS***

Your provider conducts an evaluation that lasts from 1 to 3 sessions. During this time, both parties can decide if EPA is best suited to provide you the services you need to meet your treatment goals. **Once an appointment is scheduled, you agree to pay for it unless you provide 48 business hours advanced notice of cancellation.** It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

***On-Time Appointment/Late Arrivals***

Other practices often book multiple patients per time slot, and your wait time can be long. We do not do that at Excel Psychiatric. Patients are seen by appointment. lf you arrive late, the appointment must end as scheduled and you will be charged for the full amount of your scheduled visit. This will allow your provider to see each patient when they are scheduled. Therefore, plan to arrive before the time scheduled to allow for any unforeseen delays. At EPA we pride ourselves on our on-time appointments, and this late arrival policy helps us see you on time, every time!

***Rescheduling Appointments***

If you need to cancel or reschedule your appointment, please call us M-F 7AM-4PM at 704.457.9292. One of our administrative team will answer your call in person and assist you right away.

We DO NOT double book appointments, so the provider will reserve your appointment time for you. We ask that you give us ***48 business hours notification*** to cancel or reschedule your appointment so that your time is used effectively, and to offer it to someone else who may need to see the provider. All cancellations made with ***less than 48 business hours notice*** will result in an immediate charge to your credit card on file for the amount of the appointment.

•Example #1: You have an appointment on Wednesday at 1PM, you call to cancel on Monday at 10AM. No problem! You have given us more than 48 business hours notice.

•Example #2: Your appointment is on Monday at 10am, you call to reschedule Friday at 4pm. you did not give us 48 business hours notice so your credit card on file will be billed for the amount of the missed appointment.

***Same-Day/Next Day Urgent Appointments :***

Please contact our office if you feel you have an immediate need to see or speak to a provider. Same day urgent visits may be available, based off the clinician's availability. In some cases, we can offer video appointments if needed. Additional fees are applied for urgent/same day appointments.

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***PROFESSIONAL FEES***

Fees are available on our website www.excelpsychiatric.com. We also provide detailed fee information at your first appointment. ln addition to office appointments, you agree to pay an hourly rate for other professional services provided to you, broken down if for periods of less than one hour. Other services include report writing, telephone calls, emails, consulting with other professionals with permission, preparation of records or treatment summaries, and time performing other services you may request. lf you become involved in legal proceedings that require participation of your provider, you agree to pay for all of your provider's professional time, including preparation and transportation, even if your provider is called to testify by another party.

***INSURANCE FAQS***

Q : I understand that you are out of network providers. How does that work?

A: 1) You pay us at the time of your appointment in full.

2) We will provide the appropriate form for you send to your insurance company for reimbursement to commercial insurance programs. Claims cannot be sent to the traditional Medicare program, and all patients with Medicare must sign an annual opt-out/private contract.

3) You will receive an Explanation of Benefits (EOB) from your insurer in the mail. lf reimbursement is due, the insurer will include a check to you in this statement.

Q . What are the out-of-network benefits for Excel Psychiatric Associates with my insurance?

A : Each insurance carrier (e.g. Blue Cross, Aetna, etc) has hundreds of different plans, each of which has different benefits. You must call your insurance directly for this answer.

Q : What reimbursements can patients expect to see for out-of-network benefits?

A : Reimbursements are highly variable—some patients get 100% of their appointment covered and others get nothing covered. Typically, about 50-80% of short appointments, and about 50% of long appts are covered.

***BILLING AND PAYMENTS***

You agree to pay for each session at the time it is held, and to pay EPA for any additional fees for professional services that EPA provides to you, including the fees described in the Professional Fees paragraph. All fees are due to EPA at the time the services are provided.

***INSURANCE REIMBURSEMENT***

Your health insurance policy may provide some coverage for mental health treatment. You (not your insurance company) are responsible for full payment of fees to EPA. lt is important that you find out exactly what mental health services your policy covers. EPA is not in network with any insurance company, and you will need to file the EPA billing receipt with your insurance company to use your out-of-network benefits. You should carefully read the section in your insurance coverage booklet that describes mental health services. lf you have questions about the coverage, call your plan administrator.

***PSYCHIATRIC SERVICES***

Psychotherapy is not easily described in general statements— it varies depending on the personalities of the psychiatric provider and the patient, and the particular concerns you are experiencing. There are many different methods EPA may use to deal with the concerns that you hope to address. Psychotherapy calls for an

active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Because of the importance of proper and safe management of medications, you agree to provide all clinical information related to medical history (including family history) and physical symptoms. This allows for the current psychiatric presentation to be evaluated for a physical component or cause and for the selection of the most tolerable and safest medications in treating your condition. It is extremely important that your primary care doctor and all other clinicians providing you medical care are aware of the diagnoses and treatments that you have been given by each member of your treatment team (both physical and mental health providers), and that you keep an open dialogue with your doctors regarding how you are tolerating medications so that appropriate interventions, if needed, can occur in a timely fashion. You agree to keep all scheduled appointments with your provider and to take medications exactly as they are prescribed. Your provider may not provide medication management to anyone who repeatedly does not take medications as agreed upon and prescribed.

***CONTACTING US***

***Phone calls:*** If you have a non-clinical question (for example, billing, rescheduling, etc) you can get assistance from our administrative staff M-F 7AM-5PM. If you have a question for your provider, please speak with our administrative staff first. If they are able to answer your question they will do, but if not, they will schedule a phone call with your provider. This will allow your provider to answer your question without rushing and while they have full access to your medical record. Depending on the nature of the call, your provider will charge you for the phone call at the rate specified at excelpsychiatric.com

***Emails:***

You can email the office at frontdesk@excelpsychiatric.com. Similar to phone calls, our admin team will help you immediately M-F 7AM-5PM if they can. If they cannot answer your questions, they will forward the email to your provider. Depending on the situation, your provider may respond to you via email or they may request the admin schedule a phone call to discuss. Depending on the nature of the email, your provider will charge you for the time reading and responding to the email at the rate specified at excelpsychiatric.com.

***Prescription Refills:***

In our experience, refill requests generated by pharmacies are often inaccurate in terms of dose or quantity, so we do not respond to these, and your provider will provide refill scheduled appointments during your regularly scheduled appointment. As such, if is necessary for you to keep track of what medications will need refills in order to request them from your provider at the appointment. If you need a prescription refill outside of your appointment time, an administrative fee applies as per the fees section. To get the refill, just call our office and your provider will review the request, and if appropriate, we will send the prescription to your pharmacy within one business day.

***Urgent clinical issues:***

If you have an urgent clinical need which cannot wait until business hours, call 704.457.9292 and follow the prompts to be connected to the urgent phone line of your doctor. Please note that you may be charged for this call at the after-hours rate of $150 per 15 minutes.

Other urgent resources are to:

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Contact your primary care doctor or another mental health professional if you have one (psychotherapist, etc)
Call the Mecklenburg County Crisis Center at 704.566.3410
Call Novant Health Huntersville Medical Center 704.316.4000
Call CHS-University 704.863.300 or CHS-Northeast 704.403.3000
In the event of an emergency call 911 or go to your nearest emergency room

You may also reach your provider via patient portal for non-emergency communications. The portal is checked regularly during business hours and your provider will make a reasonable effort to return your message on the same day you make it, with the exception of weekends and holidays. Please be aware that email is not a secure form of communication, and EPA cannot protect against the possibility that information you send over email might be intercepted by unwanted parties. As a general rule, refrain from disclosing any sensitive personal information over email. Your provider might not respond to emails of a personal nature. If your provider feels that email is not appropriate for your needs, they may suggest that you schedule an appointment or a phone call to answer your question(s).

***CONFIDENTIALITY***

The law protects the privacy of communications between a patient and a provider. For information about your rights and how we may use and disclose health information about you, please see our Notice of privacy practices, which is available at the front desk or by visiting www.excelpsychiatric.com

***TERMINATION***

You are under no obligation to continue services with EPA. However, EPA strongly encourages that you notify your provider in person so that any issues can be discussed openly. If you terminate your relationship with EPA, you are responsible to pay any fees incurred prior to termination.

***COMPLAINTS***

EPA will take reasonable precautions to minimize risks, ensure your safety, and provide you with a positive experience. If at any time you believe that we have not been diligent in performing services, or if you believe that your privacy rights have been violated, please bring it to the attention of EPA staff so that we can discuss the matter. If you believe that we have not provided services in accordance with professional obligations, you may contact the NC Medical Board or the NC Psychiatric Association. If you believe we have violated your privacy rights, you may also contact the Secretary of U.S. Department of Health and Human Services. EPA will not retaliate against you for filing a complaint.

I declare that I have read and understand the Client Services Agreement as described above.

Signature _____

Date: _____

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# Private Contract - Provider Opt-Out of Medicare

Provider Name: Excel Psychiatric Associates, PA Craig Chepke, MD

Provider Address: 10225 Hickorywood Hill Ave. Suite B

City: Huntersville State: NC Zip Code: 28078

Beneficiary Name:

Legal Representative (if applicable):

Beneficiary Medicare Number:

This private contract agreement is between the physician and beneficiary noted above. The beneficiary is a Medicare Part B beneficiary and is seeking services covered under Medicare Part B. The physician above has informed the beneficiary or his/her legal representative they have opted-out of the Medicare Program. The current Medicare opt-out period is from 1/1/2018 to 1/1/2020 . The physician noted above is not excluded from participating in Medicare Part B under §§1128, 1156 or 1892 of the Act.

The beneficiary or his/her legal representative has read and agree to the following terms of the private contract by placing their initials by the items below:

- ☐ I, or my legal representative, accept full responsibility for payment of the physician's or practitioner's charge for all services furnished by this physician/practitioner;
- ☐ I, or my legal representative, understands that Medicare limits do not apply to what the physician/practitioner may charge for items or services furnished by the physician/practitioner;
- ☐ I, or my legal representative, agree not to submit a claim to Medicare or to ask the physician/practitioner to submit a claim to Medicare;
- ☐ I, or my legal representative, have been informed of the expected or known expiration date of the opt-out period; which is 1-1-2018 to 1-1-2020 ;
- ☐ I, or my legal representative, understand that Medicare payment will not be made for any items or services furnished by the physician/practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted;
- ☐ I, or my legal representative, enter into the contract with the knowledge that the beneficiary has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and that the beneficiary is not compelled to enter into private contracts that apply to other Medicare covered services furnished by other physicians or practitioners who have not opted out;
- ☐ I, or my legal representative, understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare;
- ☐ I, or my legal representative, agree this contract was not entered into during a time when the beneficiary required emergency care services or urgent care services.

Date

Beneficiary or Legal Representative's Signature

Date

Physician's Signature

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**AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Patient Name:_____ Patient Date of Birth_____

I hereby authorize Excel Psychiatric Associates, PA ("EPA") to use and disclose individually identifiable health information relating to me as described below. Specific types of information to be used or disclosed including dates of service related to such information (information below will be called "Authorized Information" throughout the rest of this form):

- I acknowledge that the Authorized Information may include alcohol or drug abuse records about me, and I authorize EPA to use or disclose such information.
- I understand that if the person or entity receiving Authorized Information is not a health plan or health care provider, or otherwise covered by the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder ("HIPAA"), the Authorized Information may be re-disclosed by the recipient and may no longer be protected by federal or state law. I also understand that additional protections apply to alcohol and drug abuse records. If the Authorized Information includes alcohol or drug abuse records, the recipients may only disclose such information as authorized by 42 C.F.R. Part 2 and applicable state law.
- I understand that I may revoke this authorization at any time by notifying EPA in writing except to the extent EPA or the person who is to make the disclosure has already acted in reliance on my authorization.
- I understand that I may refuse to sign this authorization and that my refusal to sign in no way affects my treatment, payment, enrollment in a health plan, or eligibility for benefits.

## 1. What to disclose

☐ I authorize exchange of any/all of my authorized information and/or records
☐ I authorize release of only the following of my authorized information: _____

## 2. Who can disclose

☐ I authorize two-way disclosure of my authorized authorization between Excel Psychiatric and the individual/groups named here: _____

< OR >

One-Way Only
☐ I authorize Excel Psychiatric to communicate authorized information to these individual/groups:_____
_____
☐ I authorize Excel Psychiatric to receive authorized information from:_____

**3. For How Long**

☐ This authorization expires two (2) years from the date of this authorization
☐ OR the date the following event occurs:_____

**4. Signature**

Signature of Patient or Personal Representative :_____
Date:_____

**For Personal Representative of the Patient (if applicable):**

Print Name of Personal Representative:_____
Relationship/Authority to Act for the individual (parent, guardian, etc.): _____