

Medical Psychology Associates

5555 Glenridge Connector Suite 200
(Glenridge Highlands Building)
Atlanta, GA 30342
404.843.4740
404.843.4741 (fax)
neilrapp@charter.net
www.neilrappaport.com

NEW PATIENT INFORMATION SHEET

To expedite your first visit we have prepared this information packet. Please complete the attached information form and bring it with you to your appointment. Also bring your insurance card, if you are planning on using your health insurance. Please recognize that you and not your insurance company are responsible for payment of your bill. If you are on a managed care plan with which our office participates, our office will bill your insurance for you.

Medical Psychology Associates is located in the Glenridge Highlands ONE Building at the intersection of Ga-400 and I-285. [Click here to the a map and directions.](#)

Your scheduled appointment has been reserved just for you. *No other patients are scheduled for this time slot.* Therefore, we request your consideration should you need to cancel your initial appointment; please provide us with at least 24 hours notice so that someone else can use this slot. Cancellations can be achieved by calling (404) 843-4740 and leaving a voicemail or by email at neilrapp@charter.net. You will be billed for missing this appointment if you do not cancel. If you have any questions about our policies, please call the office before your appointment. We are looking forward to meeting with you.

MEDICAL PSYCHOLOGY ASSOCIATES, P.C.

Confidential Patient Information Sheet

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Social Security # _____ Date of Birth _____ Age _____

Sex _____ Marital Status S M W D (circle one)

Occupation _____

Employer _____

Employer's Address _____

In case of Emergency, Contact _____

Their Home & Work Number _____

Referring Doctor

Name _____

Address _____ City, State, Zip _____

Daytime Phone # _____

All charges for services are due and payable at the time services are rendered unless previous arrangements have been made. **You** are responsible for the payment of your bill, **regardless** of the fee schedule or status of your insurance claim. We require 48 hours notice for cancellations, except for emergencies; you will be billed for late cancellations or no shows. **Please note** that records (including psychological reports) will **not** be released for personal or legal purposes until your bill has been settled. When necessary for treatment purposes, with a proper release, records will be released to treating professionals, regardless of the status of your bill.

Signature _____

Date _____

Concerning Insurance - We will file with your insurance company for reimbursement of fees. This office cannot accept responsibility for collecting on your insurance claim or for negotiating a settlement on a disputed claim. Your eventual reimbursement will be determined by your **individual insurance carrier**. If you have co-payments involved, you will be expected to pay as the services are rendered. Please initial after reading. _____

Medicare Patients: We are approved providers and we do accept assignment. You remain responsible for charges not paid by Medicare (or your secondary carrier) up to the Medicare allowable charge. Medicare will not cover charges for services if you see **2 or more mental health professionals on the same day**. To avoid being responsible yourself for the charges, make note of this policy in scheduling your appointment with us. Initials _____

Primary Insurance Co. Name _____

Address _____ Phone # _____

Insured's Name _____ Policy# _____

Group# _____ Effective date _____

Do you have other coverage? Y N If yes, please list other carrier below.

Secondary Insurance Co. Name _____

Address _____ Phone# _____

Insured's Name _____ Policy# _____

Group# _____ Effective date _____

Person Responsible For Bill

Name _____ Relation _____

Address _____ City, State, Zip _____

Daytime Phone # _____

Authorization For Release of Information

I hereby authorize Medical Psychology Associates to release any medical, psychological, and /or alcohol related information to my referring physician and any insurance company with whom I have medical benefits for the purpose of filing a medical claim. I acknowledge that this authorization is valid until such times as all medical bills related to my treatment have been paid.

Signature _____ Date _____

Witness _____ Date _____

Directions to **Medical Psychology Associates** at our new location:

5555 Glenridge Connector Suite 200
(Glenridge Highlands Building I)
Atlanta, GA 30342

***I-285 Westbound** (coming from I-85 toward GA 400) Exit Peachtree-Dunwoody Road. Make left at end of ramp onto Peachtree-Dunwoody Road; cross over Johnson Ferry Road. Turn right on Glenridge Connector; proceed past two stoplights, crossing over GA 400, and the building will be on your right. Make right into parking deck; enter the building through the front entrance and take the elevator to Level 2.

***I-285 Eastbound** (coming from I-75 toward GA 400) Exit Glenridge Connector. Make a right at end of exit ramp. Proceed past Johnson Ferry Road. Building will be on the left. Make left at stoplight in building driveway, then right into deck. Enter building through front entrance and take elevator to Level 2.

***GA-400 Southbound** (from Roswell, Alpharetta, Cumming, etc.) Take Glenridge Connector Exit. Building is right in front of you; go straight across Glenridge Connector, then right into parking deck. Enter building through front entrance and take elevator to Level 2.

***GA-400 Northbound** (from Buckhead, Midtown, Airport, etc.) Exit Glenridge Connector. Make left onto the Glenridge Connector. Building is on the right. Make a right into driveway then right into parking deck. Enter front of building and take elevator to Level 2.

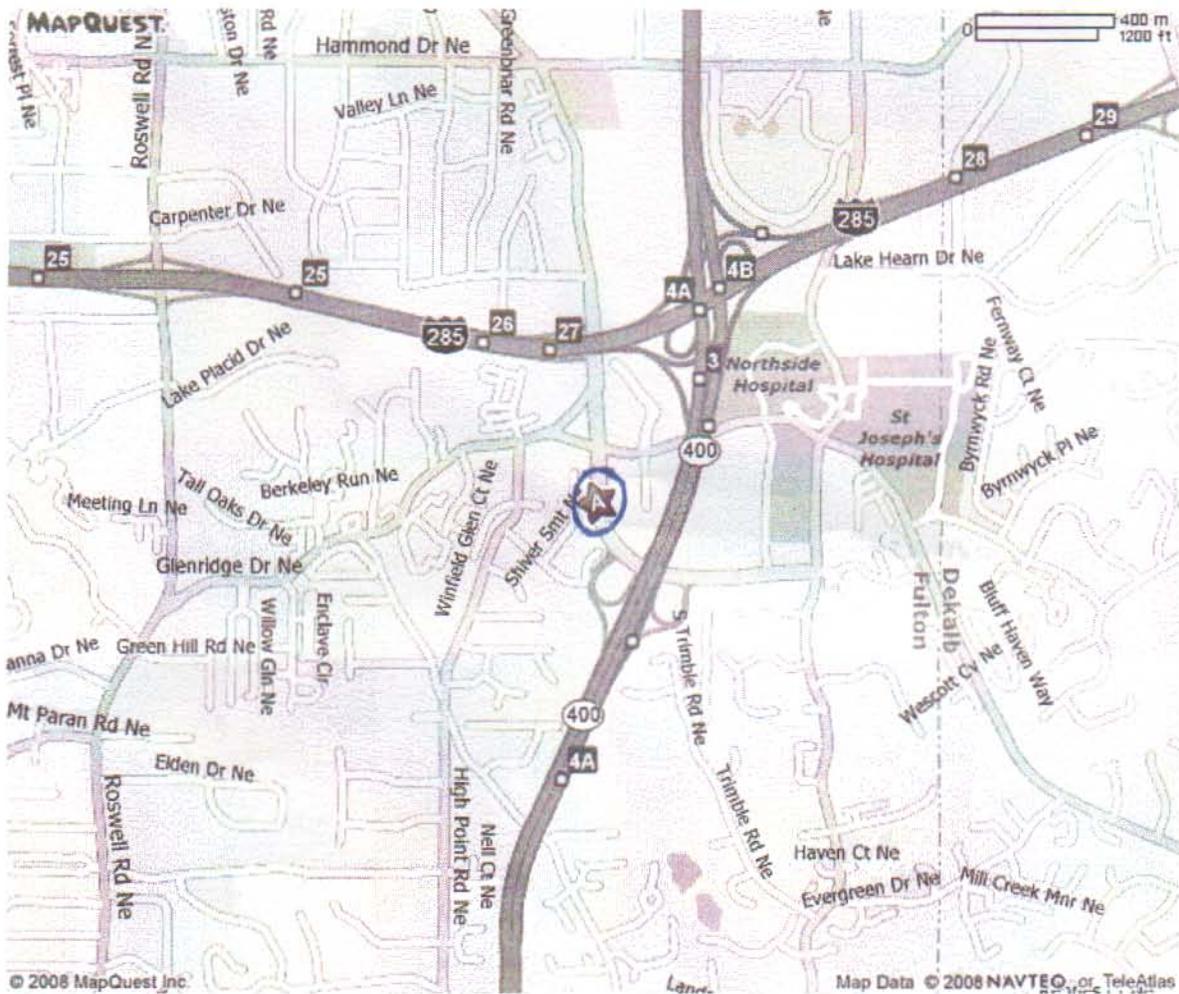
The downstairs/lobby directory does not have a listing for me...please be sure to take the elevator to the 2nd floor.

You may wait either in the formal reception area beyond the glass doors or in the mezzanine area (six chairs) near the elevator.

Please note: if you are more than 10 minutes late and have not spoken to me or left a confidential voicemail, please check in with the receptionist when you arrive.



A: 5555 Glenridge Connector NE, Atlanta, GA 30342-4759



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