

Patient Information Form (www.DrJeffreyKahn.com)

Initial Evaluation Sessions

In order to provide the most thorough and useful information, most patients begin with a three-session evaluation (sometimes two or four), each one for 45 minutes, typically over 10 days. The first session starts with you relating concerns in your own way. Then, many questions will explore the basics of your emotional symptoms, work and family issues, medical history, family history and significant life events. This is important for understanding diagnoses and life problems, and for discussing possible solutions.

Evaluation sessions are essential, but are *very* different in style than subsequent psychotherapy sessions (far fewer questions to answer) or medication sessions (more focused on symptoms and medication).

Please complete and send the Medical Information Release Form if you would like me to talk with relatives or other doctors. If you have been in a psychiatric hospital, please call the hospital to request that your records (admission note, discharge note, psychosocial summary) be sent as soon as possible by US Mail (only), to the Scarsdale office. Some hospitals may require use of their own release forms.

[Form available on www.DrJeffreyKahn.com Patient Information Page: "Download Here: Medical Information Release Form"]

Payment

Payment is your personal responsibility, and due on receipt of invoice. Although payment by Zelle transfer through your online bank account is easy, reliable and preferred, checks and credit cards are also acceptable.

Existing and future fees can be maintained or modified by mutual consent. Under the New York State No Surprises Act, the usual fee for new patients is \$425 for any 45 minute scheduled clinical appointment, and \$200 for any 20 minute scheduled clinical appointment. Total costs over time depend on clinical needs, goals and response that determine treatment frequency and duration.

A completed Automatic Payment by Credit Card Agreement is requested, for use in the event of missing payment. The form can be brought in by the patient, or mailed to the Scarsdale address.

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You can also send your CVV code separately: by voice mail, during session, or in a separate envelope.

Appointments and Cancellations

Appointments can be made by leaving a voice mail message with your full name, telephone number, and suggested callback times. As is common practice in psychiatry and other mental health care, a scheduled full appointment means that 45 minutes of time has been reserved for you only, at an agreed time and date.

For ongoing psychotherapy there is usually a specific day and time each week. When reserved weekly sessions are missed or cancelled, the missed session incurs the usual charge, unless it possible to reschedule, or to see another patient in your place. In the case of occasional or infrequent appointments, please give at least 72 hours' notice to avoid a charge. If you are unable to attend any scheduled appointment, please leave a voice mail as soon as possible, so that other arrangements can be explored.

Insurance

Like many Metro area psychiatrists, this office does not participate in private or public insurance plans, and has opted-out of Medicare. If you are on Medicare, you must complete and mail the Medicare Private Contract to the Scarsdale office.

[Form available on DrJeffreyKahn.com Patient Information Page: "Download Here: Medicare Private Contract"]

Many private insurance plans include out-of-network coverage, which may reimburse you for part of the cost. We are happy to help with out-of-network claims. It is important to find out if your plan: has a separate out-of-network deductible, what is the maximum dollar amount per session that they will consider (the entire fee in some cases), and what percentage of that amount they might reimburse to you (commonly between 40% and 80%). Always check your bill carefully, and let us know if you have any concerns or questions.

Your Acknowledgment

Please read carefully, download this Patient Information (and any other relevant Forms), and print out a copy. Then bring signed and dated copies to your first appointment. For Telehealth, complete and promptly mail forms to the Scarsdale address.

[Form available on www.DrJeffreyKahn.com Patient Information Form: "Download Here: Patient Information Form"]

Patient Name: _____ Date of Birth: _____

Patient (or Guardian) Signature: _____ Date: _____

Jeffrey P. Kahn M.D.

Phone: 914-725-6303

NPID: 1255403630 EIN (TAX ID): 26-4791376 NEW YORK: 143053

Send All Completed Forms (by US Mail Only) to Scarsdale office:

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