**Psychiatric Medication Management Consent and Information Form**

Thank you for choosing Monarch Psychiatry of fAlaska, LLc for your care. It is important for you to read each item carefully and initial in the space provided to the left. By initialing you are indicating you have read understanding the content of each item. If you have any questions about the item below, please discuss with your provider at our appointment.

General:

\_\_\_\_I am consenting to be evaluated to undergo possible medication treatment for my mental illness. Medication options will be discussed with your provider. I may also be recommended to participate in other forms of mental health care treatment.

\_\_\_\_Monarch Psychiatry does not offer after-hours services. If you have an emergency, such as severe suicidal thoughts, thoughts to hurt someone else, or severe drug reaction, you should call 911 or go to the emergency room.

\_\_\_\_Legal guardians must attend all appointments with minors and adult patients who are not their own legal guardians for treatment to occur. Exceptions must be approved by a provider prior to appointments.

Medication Refill Request:

\_\_\_\_Please contact the front office at phone number (907) 885-1089 for any medication refills.l

\_\_\_\_Refill authorizations can take up to 4 business days.

\_\_\_\_Controlled medication refills will not be authorized more than 3 days before they are due for refill. If you have questions regarding early refills, please speak with your provider.

Appointment Scheduling and Cancellations

\_\_\_\_Missed appointment may incur a fee. The first missed appointment may be assessed a fee up to $25. The second missed appointment may be assessed a fee up to $75 . The third missed appointment may be grounds for dismissal from the practice.

\_\_\_\_If you arrive late to your appointment, you may not be able to be seen and may have to reschedule.

Forms:

\_\_\_\_Our provider require an appointment to complete any forms. Any forms needing completion should be faxed, emailed, or dropped off at the front desk. Your provider will review the forms and notify staff how long to schedule your forms appointment for.

Laboratory & Psychological Testing:

\_\_\_\_Your provider might request you to complete certain laboratory tests before initiating or continuing certain medications. Laboratory tests may include, but are not limited to: urine, blood serum, electrocardiograms, psychological testing, you will be responsible for all costs incurred.

Billing and Insurance:

\_\_\_\_You are responsible for understanding your insurance coverage.

\_\_\_\_Co-pays are due at the time of check-in.

\_\_\_\_Your insurance will be charged for services received. You are responsible for all patient balances due to co-pays, co-insurance, deductibles, tax, billing charges, late or no-show charges, laboratory and psychological testing, etc.

\_\_\_\_A charge for psychotherapy in addition to a medication management billing code may appear on your billing statement. Psychotherapy is a standard psychotherapy add-on code that all Monarch Psychiatry medication providers use to reflect psychotherapy services that occur in session.

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Patient’s Name Date Patient’s Date of Birth

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Patient or Parent/Legal Guardian Signature Date Witness Signature

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Emergency Contact Printed Name Emergency Contact Phone Number