Mark R. Dell, Psy.D, L.L.C.
21 NJ-31, Suite A6A
Pennington, NJ 08534
(609) 439-6526

PATIENT REGISTRATION & CONSENT FOR TREATMENT

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Referred by: _____ Primary Care Physician: _____

INSURANCE STATUS

☐ Self-Pay (this practice does not bill insurance) ☐ Client will seek out-of-network reimbursement

Insurance Carrier (if applicable): _____ Member ID: _____

CONSENT & ACKNOWLEDGMENTS

Please initial each item below:

_____ I consent to psychological treatment provided by Dr. Mark R. Dell.

_____ I have received and reviewed the Notice of Privacy Practices (HIPAA).

_____ I understand the limits of confidentiality, including mandatory disclosure in cases of imminent danger to self or others, suspected abuse or neglect of a minor, elder, or dependent adult, or as required by court order.

_____ I understand this practice does not accept insurance. Fees are as follows:

Individual Psychotherapy (CPT 90834, 50 min): $240.00

Initial Diagnostic Evaluation (CPT 90791): $240.00

_____ I understand payment is due in full at the time of service.

_____ I understand the cancellation policy: appointments require 24-hour notice. Cancellations with less than 24-hour notice, or missed appointments (no-shows), will be charged the full session fee of $240.00.

_____ I may request a superbill for possible out-of-network insurance reimbursement. I understand reimbursement is not guaranteed and is determined solely by my insurance carrier.

_____ I understand my treatment records will be retained in accordance with New Jersey law (a minimum of seven years from the date of last entry, or until age 25 for a minor patient, whichever is longer).

_____ I understand this consent applies to individual treatment for myself as the identified patient.

Patient / Guardian Signature: _____ Date: _____

Printed Name: _____

Provider Signature: Mark R. Dell, Psy.D. Date: _____

NJ License #: 35SI00480700 NPI #: 1053635409