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New Patient Paperwork

Please complete all sections before your first appointment.

Patient Information

Full Name

Street Address

City, State, Zip

Phone Number

Email Address

Date of Birth **Age**

Primary Care Physician - Name & Phone

Care & Pharmacy

Current Therapist - Name & Contact Information

Preferred Pharmacy - Name & Address

Billing & Referral

If a third party is responsible for payment, provide name, address, phone, and relationship:

How did you hear about us?

Policies & Consent

Please initial each policy and sign where indicated.

Please initial each line in agreement prior to services:

Initial	I understand that information provided is confidential. It will be documented in a chart. I also understand that certain information is neither privileged nor confidential, including but not limited to, threats of harm to self, threats of harm to others, suspicion of child or elder abuse, failure to pay bills to my provider etc.
Initial	I understand I am responsible for payment in full for all charges at the time of service and that failure of payment will be sent to collections if not received in a timely manner.
Initial	I understand that any appointment must be cancelled at least 24 hours in advance, or a full charge will apply.
Initial	I understand that if I miss more than 2 consecutive appointments or more than 4 appointments total in 6 months that your chart will be closed, and due notice will be considered automatically given.
Initial	I understand that no medication refill request will be honored with less than 48 hours' notice, and that no medication refill request will be honored unless there has been an office visit within the past 90 days.
Initial	I understand that there is no supervisory or liability inducing relationship between any providers care in this office or office complex; any form sharing and/or office sharing does not constitute a partnership or any form of hierarchical structure. All providers are entirely independent providers. None of them hold any liability for the actions of the other in any manner.

I consent to and request evaluation and treatment from Dr. Barness or a member of the Mindful Medicine clinical team. I understand that individual responses to treatment vary and that no specific outcome or symptom resolution can be guaranteed. Symptoms may improve, remain unchanged, or, in some cases, worsen despite treatment.

Signature _____ **Date** _____

Billing Policy & Insurance Waiver

Mindful Medicine is a private-pay practice and does not participate with or accept insurance, including Medicare or Medicaid. Payment is due at the time services are rendered and may be made by cash, check, Venmo, Zelle, PayPal, or credit card. A $50 fee will be assessed for any returned check. By signing below, I acknowledge and agree to Mindful Medicine's billing policy and understand that I am responsible for payment in full for all services provided. Mindful Medicine will provide a superbill that you may submit to your insurance company for possible out of network reimbursement. Reimbursement is determined solely by your insurance plan and is not guaranteed.

Signature _____ **Date** _____

Medicare / Medicaid Waiver

If I am enrolled in Medicare or Medicaid, I understand that Mindful Medicine does not participate with these programs, and I voluntarily choose to receive and pay privately for services provided by this practice.

Signature _____ **Date** _____

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Fee Schedule

Professional fees are due at the time of service.

Dr. Michael Barness, MD

Board Certified Psychiatrist

Initial 60-minute Psychiatric Evaluation	**$700**
30-minute Medication Management Follow up	**$350**

Rachel Ramos

Physician Assistant (Ages 5 and up)

Initial 60-minute Psychiatric Evaluation	**$500**
30-minute Medication Management Follow up	**$250**

Dr. Shirley Messina

Nurse Practitioner (Ages 5 and up)

Initial 60-minute Psychiatric Evaluation	**$500**
30-minute Medication Management Follow up	**$250**

JoAnna Luongo

Nurse Practitioner (Ages 12 and up)

Initial 60-minute Psychiatric Evaluation	**$500**
30-minute Medication Management Follow up	**$250**

Fee Schedule - Therapy

Therapy fees and fee acknowledgment.

Hana Dolan Haar, LPC

Ages 16 and up

Initial 60-minute Psychotherapy Evaluation	**$400**
45-minute Psychotherapy Follow up	**$200**

Majin "MJ" George, LPC

Ages 18 and up

Initial 60-minute Psychotherapy Evaluation	**$400**
45-minute Psychotherapy Follow up	**$200**

Fee Acknowledgment. I understand and agree to pay the above fees for services for Mindful Medicine.

Signature _____ **Date** _____

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Credit Card Authorization

Securely complete the fields below and sign both authorizations.

Cardholder & Patient Information

Cardholder Name

Patient Name (if different)

Email

Superbill needed for out-of-network benefits? ☐ Yes ☐ No

Credit Card Information

Card Type ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

FSA / HSA card? ☐ Yes ☐ No

Credit Card Number

Expiration Date

Security Code (CVV)

Billing Zip Code

Authorization

I authorize Mindful Medicine to store my credit card details for potential future charges.

Signature **Date**

I authorize Mindful Medicine to charge my credit card on file on the day of my visit.

Signature **Date**

Consent to Communicate

Authorization to discuss your case with designated individuals or entities.

Authorization

Patient Name

I give Mindful Medicine consent to speak about my case with the following entities:

I am aware that this may include sharing of records and/or verbally discussing my case.

Signature

Date

Office Directions

Short Hills office arrival and parking instructions.

Mindful Medicine

Located inside Industrious @ Short Hills

1200 Morris Turnpike, Suite 3005

Short Hills, NJ 07078

GPS Navigation

Please enter **“Teal Parking Garage - Short Hills Mall”** into your GPS. This will bring you directly to the correct location.

Parking & Entrance Instructions

Once you arrive, drive up the ramp to **Level 3A of the Teal Parking Garage.** You must park at Level 3A to access our office. From there, you’ll find the main entrance shared by Industrious, located directly above Crate & Barrel and adjacent to Bloomingdale’s.

Once you’ve parked, please **text or call us at 973-525-6757** and we will come to let you in.