

Patient Name:
Date of Birth:
MRN:



**Stony Brook Psychiatric Associates, P.C.
Psychiatry Outpatient Services
Form Completion Policy**

In response to increasing demands for the completion of forms and the increased administrative time they require, Stony Brook Psychiatric Associates has adopted a policy to charge for these services. There will be no exceptions to this policy.

1. Patients are responsible for completing all of their information on the form(s) prior to submitting the form(s) for completion.
2. Forms will only be completed for established patients who have demonstrated consistent adherence to multiple appointments and their plans of care.
3. In order to fully review your medical record and properly complete your form(s), we require 10 business days for completion of all forms. Please plan accordingly.
4. We encourage you to discuss the completion of the form(s) with your provider at a regularly scheduled appointment prior to his/her completing the form(s).
5. Providers may decline to fill out a form if they believe that the content or purpose of the form could interfere with the therapeutic process and patient care.
6. There is a \$20.00 fee per form. Payment is required prior to completion of all form(s). Stony Brook Psychiatric Associates, P.C. will not bill your health insurance carrier or plan for completion of the form(s) as it is generally not a reimbursable service.
7. Forms should be given to the clerical staff that will collect payment and deliver the form to your provider. Please indicate whether you would like your provider to contact you prior to mailing out the completed form(s).
8. You are free to discuss the completed form(s) with your provider at your next scheduled appointment as well.
9. Completed forms will be mailed to the patient's home address.

Thank you for your cooperation.

I have read and understand the Form Completion Policy.

Signature of Patient: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Witness: _____

Date: _____