

THE ALEPH CENTER, P.L.L.C.

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**GENERAL INFORMATION – THE ALEPH CENTER, P.L.L.C.** is a private organization specializing in the comprehensive care of people with psychiatric disorders including but not limited to geriatrics, anxiety disorders, mood disorders and substance abuse disorders. We keep open communication with your primary care provider and other specialists (unless you direct us otherwise) to provider full service mental health care.

**OFFICE** – The office is open Monday through Friday 8:00am to 5:00pm. We see patients by appointment only, but may see patients by prior arrangement outside the above hours. However, we are sometimes out of the office seeing hospital and nursing home patients and may not be available all of the above times.

**EMERGENCY NUMBER** – Our administrative assistants are in the office Monday through Friday 9:00am to 4:30pm to make appointments and take messages. We will return messages the same day if left prior to 4:30pm. For emergencies, call 911 or go to the nearest emergency room. You may have us paged when prompted. We may take up to 60 minutes to respond.

**APPOINTMENTS/CANCELLATIONS** – We require you to notify the office of a cancellation no later than the business day (before 4:00pm) prior to your appointment. Failing to do so results in you having to pay the full amount of the visit. (Insurance does NOT pay for this). Our office provides a courtesy confirmation call the day before your appointment. **Not receiving a call will NOT excuse a missed appointment.**

**Please Initial:** \_\_\_\_\_

**PAYMENT IS EXPECTED AT TIME OF VISIT\*\***

**PAYMENT** – Co-Payment is expected at the time of service. We accept most major medical insurers; cash, checks, Visa, Mastercard, American Express and Discover and we will bill your insurance carrier for you. However, if payment is not received within 60 days, it becomes your full responsibility.

**BALANCES** – In excess of 30 days are subject to a monthly service charge of one and one half percent or \$5.00, whichever is greater, on the entire balance.

**CHARGES –**

<u>Provider</u>	<u>*Billing Code</u>	<u>Fees</u>
Doctor/NP	90801	\$250.00
	90807	\$180.00
	90805	\$140.00
	90862	\$90.00
	99245	\$300.00
Therapist/MSW	90801	\$210.00
	90806	\$140.00

\* Billing codes are subject to change.

**Please Initial:** \_\_\_\_\_

INITIAL HERE

**COMPETENCY EVALUATIONS:** are usually not paid for by medical insurance companies. Uncomplicated evaluations are \$450 which include the generation of a report. \$300 per hour may be charged if extra work or time is necessary to perform and complete the evaluation. If you have any questions or concerns regarding the cost or payment, please ask the office staff.

**PAYMENT FOR THE EVALUATION IS DUE PRIOR TO THE EVALUATION**

**LEGAL WORK:** The fee for other legal work and court appearances is \$300 per hour ‘door to door.’

**PATIENT OR RESPONSIBLE PARTY AGREEMENT:** I / We have read and do understand the General Information form. I / We agree to the provisions stated herein.

I / We consent to the release of appropriate treatment and legal information to the primary care physician, referring doctor or other professional, and the insurance company or any other third party paying for fees. I / We authorize payment of medical benefits directly to THE ALEPH CENTER, P.L.L.C.

**The provider has reviewed the General Information form with me.**

PLEASE SIGN AND DATE

\_\_\_\_\_  
Date Signature of Patient or Responsible Party

\_\_\_\_\_  
Date Kevin Goeta-Kreisler, M.D.- Christopher Wiegand, M.D. – Craig Rudnick, M.D.  
Wendy White, LCSW – Rhoda Miller, LCSW – Judith Raymond, PhD, LCSW

I authorize THE ALEPH CENTER, P.L.L.C. to send a copy of my evaluation to my primary care provider or pediatrician:

PLEASE INITIAL AND DATE

Yes \_\_\_\_\_ Date \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

You may change your authorization to release information at a later date.

Yes \_\_\_\_\_ Date \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Yes \_\_\_\_\_ Date \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_