DAVID B. MILLER, PSY.D., P.A.,

Diplomate, American Board of Professional Psychology
Board Certified, American Board and Academy of Psychoanalysis
Practice of Clinical NeuroPsychology and Contemporary Psychoanalysis
Licensed Psychologist FL and CA
Boca Raton Regional Hospital Physician # 2076
5295 Town Center Road, Suite 401
Boca Raton, FL 33486
(561) 362-3739
www.drdavidbmiller.com

Referred by:______________________ Date_______________
Name:______________________ Date of Birth___________
SS Number: ______________________ Age____ Marital Status__________
Home Address____
City____________________ State______ Zip_______ Spouse's Name___________
Home # ( )______________ Cell # ( )___________ Work # ( )__________
Family Physician:_____________________________________
Present Medications______________________________________
Emergency Contact___________________ Relationship______ Phone ( )______

AS A PATIENT OF DR. MILLER'S, SPECIFIC MUTUALLY AGREED UPON APPOINTMENT TIME(S) WILL BE RESERVED FOR YOU WEEKLY. YOU WILL BE FINANCIALLY RESPONSIBLE FOR THAT BLOCK OF TIME AND WILL RECEIVE A STATEMENT AT THE END OF THE MONTH.

We Do Not Accept Credit/Debit cards. Check or Zelle is Acceptable.

DR. MILLER IS NOT A PARTICIPATING PROVIDER WITH ANY INSURANCE COMPANIES.

I,_____________________________ understand that I am financially responsible for all fees for services rendered. If applicable, I authorize treatment for my minor child,____________________________.

Signature________________________ Date____________________

I agree and understand that it is the policy of Dr. Miller's office to turn over all unpaid balances to a collection agency or attorney after a period of 60 days. I agree to pay any collection costs and/or attorney's fees if my delinquent balance is placed with an agency of attorney for collection or suit.

By signing this financial consent, you are acknowledging that you have read, understood and agreed to its terms and are authorizing the office to release all necessary information to secure payment.

Signature_________________________ Date_________

I have read the Florida Notice Form (HIPPA) and understand my rights. Please initial___