

PRE-Registration Form

Full Name:

First: _____ Last: _____

Date of Birth: _____ Gender: _____

_____ Male: Female: Other: _____
MM - DD - YYYY

Email Address: _____ Phone Number: _____

Current Home Address **** (We are only able to treat patients who reside in AZ)****:

Street Address: _____ Address Line 2: _____

State: _____ Postal/zip Code: _____

City: _____

Preferred Location:

- Scottsdale (8350 E Raintree Dr. Ste. 130 Scottsdale, AZ 85260)
- Tempe (1492 S Mill Ave Ste. 208 Tempe, AZ 85281)

PLEASE ACKNOWLEDGE (by checking box). I understand SMHWI providers do not provide forensic psychiatry or therapy mandated by court order or state professional licensing boards.

Yes. I acknowledge, understand and accept the statement above.

PLEASE ACKNOWLEDGE (by checking box). SMHWI accepts Medicare, although we are not in network with Medicare Advantage or Medicare Replacement plans. Medicare patient services are limited to select providers and scheduling availability may be limited.

Yes. I acknowledge, understand and accept the statement above.

PLEASE ACKNOWLEDGE (by checking box). SMHWI is not in network with any AHCCCS, Mercy Care or Medicaid insurance plans.

- Yes. I acknowledge, understand and accept the statement above.

PLEASE ACKNOWLEDGE (by checking box). If your insurance happens to change prior, during or after an appointment at SMHWI, you will be subject to cash pay if we are out of network with the updated insurance plan.

- Yes. I acknowledge, understand and accept the statement above.

Please select a payment option:

- Cash Pay (No Insurance)
- Commercial Insurance
- Workers Compensation
- Military Insurance
- Medicare Part A and B
- Medicare Part A and B with Supplemental Secondary Insurance

Patient is a MINOR (Younger than 18 years old)?

- No, patient is an adult.
- Yes, minor has married parents.
- Yes, minor has **divorced** parents with **joint custody**. (must provide custody documents)
- Yes, minor has **divorced** parents with **sole custody**. (must provide custody documents)

Who referred you or source of referral:

Type of provider(s)/service(s) needed:

- Psychiatric Evaluation/Medication Management (with a NP/PA)

- Psychiatric Evaluation/ Medication Management (with a MD) *availability may be limited**
- Therapy (with a LPC)
- Couples/Family Therapy (with a LPC)
- Intensive Outpatient Program
- DUI Course

Reason(s) for appointment/Additional Information:

Upload front and back of insurance card, ID/Drivers License and custody documentation if applicable **(Patients using insurance for appointments will have to provide a copy of the front and back of insurance card prior to scheduling)**:

OUR CLINIC IS NOT A CRISIS CENTER AND DOES NOT MANAGE ACUTE CRISIS

IN CASE OF EMERGENCY

- PLEASE CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM
 - CRISIS LINE: (602)222-9444
 - NATIONAL SUICIDE PREVENTION LINE (800)273-8255