

MICHAEL C. HILTON, M.D.

GENERAL PSYCHIATRY – BOARD CERTIFIED AND FORENSIC PSYCHIATRY

3975 Roswell Road, Atlanta, Georgia 30342-4117

Telephone: (404) 352-4001 Fax: (404) 352-4009

TAX ID # 58-2055508

INITIAL TREATMENT VISIT FORM

INJURED WORKER:

Name: _____

Address: _____

Phone: () _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

If insurance, policy # _____

Claim # _____

Authorization # _____

Date of injury: _____

SEND REPORT AND BILL TO:

Name: _____

Company: _____

Address: _____

Phone: () _____

Fax: () _____

I agree to the fees and policies that I have checked and understand that this examination is not subject to any fee schedules. I accept financial responsibility for this exam.

Signature: _____ **Date** _____

May we send report, progress notes and bill via FAX instead of using the postal service? YES NO

Billing Address: _____

Phone: () _____ Fax: () _____

INITIAL EVALUATION:

Initial Visit in Preparation of Treatment (\$750.00). *This is not an Independent Medical Examination. Please perform a single-visit evaluation with psychological testing and review of records. I understand this examination will result in a fee that is in excess of the typical workers' compensation fee schedule, which is **payable prior to the initial visit being performed**. There is also a **late cancellation/no show fee of \$400.00** for appointments cancelled less than 48 business hours prior to the scheduled visit. (NOTE: weekends and holidays are not business hours.)

TREATMENT: (Check one option)

Please have Dr. Hilton provide exclusive treatment (medication management and counseling). We agree to pay Dr. Hilton **\$250.00 per treatment visit** (Treatment Code 90899: Psychiatric Service NOS) for the above listed injured worker. We understand that this is above the State of Georgia Workers' Compensation Fee Schedule. We also understand that there is a **late cancellation/no show fee of \$250.00** for appointments cancelled less than 48 business hours prior to the scheduled visit. (NOTE: weekends and holidays are not business hours.) This contract remains in force until we have been notified otherwise by the insurance company.

Please have Dr. Hilton manage the treatment (Dr. Hilton will provide medication management and a counselor in Dr. Hilton's office will provide the counseling.) These **services will be provided according to the State of Georgia Workers' Compensation Fee Schedule** for a full session visit (**99212+90836**). In addition, we understand that we are responsible for no show/late cancellation visits less than 48 business hours prior to the scheduled visit. The **charge for these missed appointments will be paid at the same rate as a full session visit (99212+90836)**. This contract remains in force until we have been notified otherwise by the insurance company.