



Elizabeth O. Dania

NP in Psychiatry, PLLC

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Psychiatric Mental Health Services
191-15 115TH Avenue, Saint Albans, NY 11412
Phone: (516) 234-6805 Fax: (917) 909-6150

Patient Responsibility Form

Financial Responsibility

I understand that I am financially responsible for any deductible, copayment, coinsurance, or non-covered services.

Insurance Authorization

I authorize payment of insurance benefits directly to Elizabeth O. Dania NP in Psychiatry, PLLC for services rendered.

Authorization to Release Records

I authorize release of medical and psychiatric information necessary for billing, referrals, authorizations, or treatment coordination.

Medicare/Medicaid Authorization

I authorize release of information required to process Medicare/Medicaid benefits.

Cancellation Policy

Appointments must be canceled at least 72 hours in advance. Missed appointments or late cancellations may result in a \$75 fee.

Patient Signature: _____ Date: _____

Print Name: _____