

Manely Ghaffari, MD

129 N. 4th, Office 1F
Philadelphia, PA 19106

Patient Information

Last Name _____ First Name _____

Date of Birth ____/____/____

Street Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Home # (____) _____ Work # (____) _____ Ext. _____

Cell # (____) _____

Which is your preferred contact number? Home / Work / Cell

Email Address: _____

**Primary Responsible Party
(For billing purposes, if different from above)**

Last Name _____ First Name _____

Date of Birth ____/____/____

Street Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Home # (____) _____ Work # (____) _____ Ext. _____

Cell # (____) _____

Which is your preferred contact number? Home / Work / Cell

Email Address: _____

2nd Responsible Party

Last Name _____ First Name _____

Date of Birth ____/____/____

Street Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

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Home # (____) _____ Work # (____) _____ Ext. _____

Cell # (____) _____

Which is your preferred contact number? Home / Work / Cell

Email Address: _____

Referral Information

(How did you hear about the practice?)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of referral: (please check one)

Physician _____

School _____

Other _____

May we send an acknowledgement for the referral? Yes / No

Acknowledgement of Practice Policy

Please read the following practice policies. Your signature is acknowledgement of receipt and understanding of the policies.

- **Like many other psychiatrists, Dr. Manely Ghaffari does not accept any insurance plans; therefore, payment is due at the time services are rendered.** Her office will, however, provide an itemized receipt with her tax identification number, date(s) of service, CPT Procedure code(s), session fee(s), and diagnosis code(s).
- You will be responsible for all fees associated with a returned check.
- You will also be responsible for no-show appointments. Dr. Ghaffari has a 48-hour cancellation policy. You will be charged for the appointment if it is cancelled with less than 48 hours notice.

Signature of 1st Responsible Party _____ Date _____

Signature of 2nd Responsible Party _____ Date _____