

Lesley Arle RN, MN, PMHNP-BC
LL Arle PMHNP PC

Mailing Address

444 SW Alderwood Drive, West Linn, OR 97068
Tele: 503-339-7595 Fax: 1-503-385-1129

Practice Locations

3392 Basswood St. NW, Salem OR 97304
4000 Kruse Way Place Bldg 2, Ste. 330, Lake Oswego OR 97035

New Client Information

Date: _____

Client Informed to call for Authorization

Patient Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell: _____ Email: _____

Best Method of Contact: Email: _____ Cell: _____ Text Messaging: _____

(Parent) _____ Referred By: _____

Insurance (PRIMARY ONLY): _____ Ins (800) #: _____

Name of Subscriber: _____ ID #: _____

Group #: _____ Employer: _____

Address: _____

Date of Birth: _____ Relationship to Client: _____

Private Pay: _____ Employer: _____

How long with Company? _____ Work #: _____

Presenting Problem:

Experiencing homicidal or suicidal thoughts: _____ Substance abuse issues: _____

Hospitalized for mental health issues: _____ Legal issues: _____

Are you on or trying to get disability benefits due to a mental health diagnosis: _____

Current Meds: _____

Current Prescriber: _____

If not on current medications, any previous medications: _____

Were the previous medications effective: _____

Expected form of payment:

First Appointment (Days/Time):

Notes:

Insurance Verification

Primary Insurance _____ (Tax ID #: 87-0805012)

Date: _____ Ins Co: _____ Plan: _____ Eff: _____

Spoke with: _____ Orig. Eff. Date: _____ In Network Out Network

Deduct \$: _____ Met \$: _____ No Stop Loss \$: _____ Met \$: _____

Ins. Pymt: _____ % Co-pay \$: _____

Max Allowed: _____ Used: _____ Benefits Period: _____

Notes:

Preauth: Yes No Co. Name: _____ (800)#: _____

Auth #: _____ Visits: _____ Dates eff: _____

Tx Plan Needed: _____ Testing Benefits: _____

Allowed Codes:

99204

90836

99213

90837

99214

90833

NP's Accepted Yes _____ No _____

Claims Address:

Notes:
