

Instructions for Submission of Forms

New Patient Paperwork

(Note: there are 5 forms that need to be submitted)

- **If your appointment is within:**
 - **One week**--please submit new patient paperwork 48 hours prior to your appointment.
 - **Two weeks or more**--please submit new patient paperwork no later than one week before your appointment.
- **Once you have reviewed the New Patient Paperwork, please complete, sign, and submit the following:**
 - **Patient Information Form**--please be sure to complete all sections.
 - **Patient Information & Financial Policy Signature Page & Authorization of Payment of Benefits Form**
 - **Patient's Rights and Responsibilities Statement**
 - **Authorization to Disclose Information to Primary Care Physician and Insurer**
 - **Consent to Treatment**

*****Please contact us if you have any questions as you complete the paperwork*****

- **Completed and signed forms may be submitted by email, fax, or mail:**
 - **EMAIL:** newpatient@vistabehavioral.com
 - **FAX:** 412-206-0133
 - **Mail:** If mailing, send to the office where your provider is located. Our office addresses are listed at the top of the Welcome Page on our website.

Please Note: *If we do not receive the new patient paperwork on time, your appointment may need to be rescheduled.*

Change of Address or Insurance

(Note: there are 3 forms that need to be submitted)

- **Please Submit:**
 - **Patient Information Form** - please be sure to complete all sections.
 - **Patient Information & Financial Policy Signature Page & Authorization of Payment of Benefits Form** - please review and sign
 - **Authorization to Disclose Information to Primary Care Physician and Insurer** - please complete all sections and sign
- **Completed and signed forms may be submitted by email, fax, or mail:**
 - **EMAIL:** forms@vistabehavioral.com
 - **FAX:** 412-206-0133
 - **Mail:** If mailing, send to the office where your provider is located. Our office addresses are listed at the top of the Welcome Page on our website.

Release of Information Request

(Note: there is 1 form that needs to be submitted)

- **Authorization to Use or Disclose Health Information Form**—please complete the entire form and sign
- **Completed and signed forms may be submitted by email, fax, or mail:**
 - **EMAIL:** forms@vistabehavioral.com
 - **FAX:** 412-206-0133
 - **Mail:** If mailing, send to the office where your provider is located. Our office addresses are listed at the top of the Welcome Page on our website.