



4201 Springhurst Blvd, Suite 203
Louisville, Ky. 40241
Phone: (502) 425-6690
Fax: (502) 425-6629
www.RiverCityPsychiatry.com

First Appointment Checklist

- Photo ID**
- Insurance Card**
- Payment**
- Completed "**New Patient Information**" – please fill out completely. We submit prescriptions electronically, so make sure you have the information of the pharmacy you use, including fax number (you can call them to ask for it if it is not on your prescriptions). Once completed, bring this to your first appointment and you may elect to fax it to us at (502) 425-6629.
- Prior Authorization Number** from your insurance company (call number on back of card to obtain). Include preauthorization number, number of visits covered, start date and end date.
- Previous treatment records, if applicable. If other providers have information that you feel would be important for us to have, please have them fax such records to 502-429-6629 (examples included hospitalization records, psychological testing results, therapy notes, previous treatment records, etc.) prior to your appointment.
- You do not have to print them, but make sure that you have read and understand our "**Policies and Procedures**" as well as our "**Privacy Policy**".
- Please read and sign the "**Signature Page**" and bring to your first appointment. This acknowledges that you have read and understand our "**Policies and Procedures**" and our "**Privacy Policy.**"
- Please arrive 15 minutes prior to your scheduled appointment time.**