

NEW PATIENT REGISTRATION

Dr. Martins Adeoye & Associates

1323 Butterfield Rd, Suite 116
Downers Grove, IL 60515
Office Phone: (331)-330-9955
Fax: (331)-330-9930

15010 S. Ravinia Ave, Suite 15
Orland Park, IL 60462
Office Phone: (708)-364-0580
Fax: (708)-364-0480

612 S Western Ave, Unit 1
Chicago, IL, 60612
Office Phone: (331)-330-9955
Fax: (331)-330-9930

INSURANCE AND HEALTH CARE INFORMATION

Patient Name: _____ Patient DOB: _____

Patient Social Security # _____

Full Name of Insured: _____ Relationship to Patient: _____

Insured D.O.B.: _____ Insured SSN# _____

Insured Driver's License # _____ State: _____

Insured Home Address: _____

Insured Contact Number: _____ Insured's Employer: _____

Primary Insurance Co. Name: _____

Primary ID# _____ Primary Group # _____

Secondary Insurance Co. Name: _____

Secondary ID# _____ Secondary Group # _____

Workman's Compensation Injury: Yes No Company: _____

MEDICARE: YES NO

REFERRAL SOURCE: Another provider/facility _____

Internet search Insurance Directory Friend/Family Member

Other _____

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ELEMENTAL CENTER LTD FEE SCHEDULE AND HEALTH CARE INFORMATION

Initial Evaluations:

*Initial Psychiatric Evaluation (90791)- \$255.00

*Psychiatric Evaluation w/ Medical Services (90792)- \$295.00

Psychiatric Services:

*Office Visit for Medication Management (99214) - \$225.00

Psychotherapy:

*Psychotherapy 30min (90832)- \$150.00

*Psychotherapy 30min w/ Medication Management Services (90833)- \$160.00

*Psychotherapy 45min (90834) - \$175.00

*Psychotherapy 45min w/ Medication Management Services (90836) - \$175.00

*Psychotherapy 60min (90837) - \$195.00

Psychological Testing (96130,96131,96136,96137) - VARIES (REQUIRES PRIOR AUTHORIZATION)

Self-Pay/Cash Fee Schedule:

*Initial Psychiatric Evaluation - \$250.00

*Follow up with a Therapist- \$250.00 (Provider may lower price)

*Follow up with a Prescriber- \$250.00 (Provider may lower price)

*Group psychotherapy- VARIES

***NO SHOW/LATE CANCELLATION FEE - \$150 (applies to all services/providers)**

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CONSENT FOR TREATMENT

Patient/Therapist Relationship: You and your therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade of service for service.

Available Services: Elemental Center, Ltd offers a wide array of counseling services, including individual, family, couples, and group services. We are staffed by skilled and experienced mental health professionals. Effective psychotherapy is founded on mutual understanding and good rapport between patient and therapist. It is our intent to convey the policies and procedures used in our practice, and we are pleased to discuss any questions or concerns you may have. We provide counseling designed to address a multitude of issues our patients are dealing with, and have disease specific programs to provide specialized treatment. Your first visit will be an assessment session in which you and your therapist will determine your concerns. If both you and the therapist agree that your therapeutic needs can be met, a plan of treatment will be developed. Should you choose not to follow the plan of treatment provided to you by your therapist, services may be terminated. The goal of Elemental Center, Ltd is to provide the most effective therapeutic interventions available to you. If at any time you feel that you and your current therapist are not a good fit, please discuss this matter with your therapist to determine necessity of transfer to a more suitable therapist. If you and your therapist decide that other services would be more appropriate, we will assist you in finding a provider to meet your needs.

Wellness is more than the absence of disease; it is a state of optimal well-being. Through the ongoing integration of our physical, emotional, mental, and spiritual self, each person has the opportunity to create and preserve a whole and happy life. Our services are designed to provide our clients an integrated solution for their mind, body, spirit, and life to enhance their lives and resolve issues.

Your Rights: It is the policy of Elemental Center, Ltd that all individuals who are seeking and/or receiving services from any of our programs to be provided with effective and efficient services. These services will be directed toward health and wellness. As an individual receiving services at our offices, you have the following rights:

- To be treated with consideration and respect for human dignity;
- To receive quality treatment regardless of race, religion, sex, age, ethnic background, mental and/or physically disabling condition.
- To be provided confidentiality and protection from any unwarranted disclosure of you PHI.
- To be involved in planning your treatment and to be informed about your treatment process.
- To be involved in your discharge and aftercare planning.
- To refuse treatment to the extent permitted by law and to be informed of the possible consequences of your actions.
- To expect continuity of care from one service to another, should you need another service.
- To examine and receive an explanation about the bill for your services.

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Emergencies: You may encounter a personal emergency requiring immediate attention. In this event, please contact our office regarding the nature and urgency of the circumstances. We will make every attempt to schedule you as soon as possible or to offer alternative options. If you are experiencing a life threatening emergency, call 911 or have someone take you to the nearest emergency room. When your therapist is out of town, you will be advised and given the name of an on-call therapist at your request.

Duty to Warn: If my therapist believes that I am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my therapist to contact my Emergency Contact (listed on demographic page) or any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my therapist to contact any medical or law enforcement personnel when imminent risk is present.

Incapacity or Death: I understand that in the event of the death or incapacitation of my assigned therapist, it will be necessary to assign my case to another therapist and for that therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by Elemental Center, Ltd, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.

Consent for Treatment: By signing this Consent for Treatment Form, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive mental health assessment, treatment, and services deemed appropriate and I understand that I may stop such treatment or services at any time.

NOTE: When consenting to treatment on behalf of a minor child, if a court order has been entered with respect to the custody of said child, or with respect to your ability to give consent for the child's mental health treatment, Elemental Center, Ltd will not render services to the child until the therapist has received and reviewed a copy of the most recent applicable court order.

SIGN HERE:

(Signature of Patient ages 12 and older) Date: _____

(Signature of Parent or Legal Guardian) Date: _____

(Signature of Witness) Date: _____

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ELECTRONIC/SOCIAL MEDIA POLICIES AND CONSENT

We the staff of the Elemental Center acknowledge the importance and value of the use of electronic media to supplement and enhance mental health treatment. For our patients' benefit, we have developed the Elemental Center website (found at www.elementalcenter.com) to provide helpful information regarding our offices, providers, and procedures.

Additionally, the Elemental Center is now on Facebook, Instagram, Linked In, and Twitter, where patients can access up to date information regarding office closings, new services and providers, and basic mental health information as requested. However, please note that providers and office staff of the Elemental Center are not able to interact with patient via their personal webpages, blogs, or other social media accounts due to confidentiality clauses and professional boundaries. Patients who choose to post, reply to, and react to (e.g., like, emoticon response, etc.) any public domain social media post affiliated with Elemental Center are doing so at their own discretion and risk, and must be aware that doing so may reveal identifying information about themselves (e.g., name, link to their own personal social media profiles, etc.) and imply an association with a mental health treatment facility that is public in nature. Any comments, reviews, or opinions left by patients on Elemental Center social media pages, provider profiles, or any related posts must be done so at their own risk and discretion. Elemental Center Ltd. accepts no responsibility whatsoever for consequences of patients posting of their own volition in the public domain. Elemental Center Ltd, its providers, staff and affiliates will never post any personal identifying information of any patient on a public website or social media forum. Patients should not expect to receive replies to their inquiries made on social media pages, although Elemental Center Ltd. will always make every attempt to reply to patient concerns using a secure and privacy protected format.

Additionally, electronic media is a useful tool to communicate with your provider regarding treatment questions, emotional/behavioral updates, and medication concerns. In some cases, treatment can now be conducted through telepsychiatry platforms, allowing face to face interaction between patient and provider to increase access to care.

We here at the Elemental Center hold your privacy and confidentiality in the highest regards, and thus hold true to all legal and ethical principles of confidentiality. However, we do recognize that the nature of internet based communications may carry some degree of risk in terms of third party interception of communication, and we ask that our patients remain aware of this potential when making the decision to communicate electronically. Also, please note that all communications via any media communications are subject to become part of the patient's clinical record, at the discretion of the provider.

I understand these risks and hereby consent to the use of the following forms of electronic media for treatment and/or communication purposes:

I CONSENT TO ALL FORMS OF ELECTRONIC COMMUNICATION

(or specify here) Kareo Electronic Patient Messaging/Elemental Center Patient Portal
(includes text and/or email communications via Kareo Electronic platform)

Text Email Video Telecommunications (Telemedicine Only) Other (specify): _____

OR

I DECLINE the use of electronic media for communication/treatment purposes at this time. I understand that declining this policy means that staff/providers of the Elemental Center will solely communicate with me through face to face or telephone contact, and attempts to contact staff via social or electronic means (website, email, etc.) will receive no response.

_____ Date: _____
(Signature of Patient ages 12 and older)

_____ Date: _____
(Signature of Parent or Legal Guardian)

_____ Date: _____
(Signature of Witness)

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CREDIT CARD PAYMENT CONSENT FORM

When you make an appointment at our practice, we reserve that time especially for you. Insurance companies do not pay benefits for missed and/or cancelled appointments. Therefore, your account will be charged a **\$150.00** fee if you miss a scheduled appointment or cancel in less than 24 hours.

I understand that Elemental Center Ltd. has a 24-hour cancellation/no-show policy and that if I cancel my appointment less than 24 hours before the session, my credit card will be charged \$150.00 for the missed appointment.

In addition, I understand that my unpaid account balances including copays and deductibles will be charged to the credit card.

PATIENT NAME: _____

NAME ON CARD(if different): _____

CREDIT CARD TYPE (Circle one): VISA MASTERCARD DISCOVER

CARD# _____

EXPIRATION: ____/____ SECURITY CODE: _____ BILLING ZIP CODE: _____

I understand that by signing below I am hereby stating that I am the authorized card holder and can authorize payment on the above credit card. I authorize Elemental Center, Ltd. to charge the above-mentioned credit card account.

AUTHORIZED CARD HOLDER NAME (Printed): _____

AUTHORIZED CARD HOLDER SIGNATURE: _____

DATE: _____

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RECEIPT AND ACKNOWLEDGEMENT OF OFFICE AND BILLING POLICIES AND FEES

PATIENT NAME: _____ **DOB:** _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Elemental Center, Ltd's Office and Billing Policies and Fees. I understand that if I have any questions regarding these policies I can contact the Elemental Center at (708) 364-0580 or (331)-330-9955.

I understand that I am ultimately responsible for:

- Charges resulting from treatment by the professionals at Elemental Center, Ltd.
- Providing up-to-date and accurate patient insurance information to Elemental Center, Ltd.
- Making sure that any changes to insurance are promptly given to the staff at Elemental Center, Ltd.
- Understanding my insurance policy, including all clauses which may affect reimbursement.

SIGN HERE:

(Signature of Patient ages 12 and older) Date: _____

(Signature of Parent or Legal Guardian) Date: _____

(Signature of Witness) Date: _____

RECEIPT AND ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

PATIENT NAME: _____ **DOB:** _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Elemental Center, Ltd's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Elemental Center at (708) 364-0580 or (331)-330-9955.

SIGN HERE:

(Signature of Patient ages 12 and older) Date: _____

(Signature of Parent or Legal Guardian) Date: _____

(Signature of Witness) Date: _____

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OFFICE POLICIES AND BILLING INFORMATION

PLEASE RETAIN THIS NOTICE FOR YOUR RECORDS

Scheduling and Cancellations - Please note that psychotherapy sessions are typically 45-60 minutes long, and psychiatric medication management visits are typically 15-30 minutes long. New patient appointments/evaluations for both psychiatric and psychotherapy services are 1 hour. While our office does make every effort to assist patients with scheduling and appointment reminders, please keep in mind that the patient is ultimately responsible. **Appointments not cancelled within 24 hour notice in non-emergency circumstances will be subject to a \$150 no show fee, which cannot be billed to the patient's insurance company and will be the patient's sole responsibility.**

Payments – Payments for all services are required at the time of service. This includes insurance co-pays, deductibles, no show fees, and any additional patient balance responsibility not covered by your insurance policy. **Any balance over 30 days due will be expected to be paid IN FULL prior to receiving any further services at Elemental Center Ltd. Patients with balances owed over 30 days may not be permitted to continue to schedule services until a payment is made.**

Emergencies - In the event of a clinical emergency, patients may contact their provider via phone. If a provider is not available in case of emergency, please call your local crisis line, contact your primary care physician, your local health department, or proceed to your local emergency room. Call 911 in immediate matters of personal safety. We do have an answering service available when the office is closed. Non-emergency patient requests/communication are typically handled via email or our office staff; please speak to your provider regarding communication preferences.

Prescriptions – If your treatment plan includes psychotropic medication, we request that all patients speak to their psychiatrist or APN regarding their upcoming prescription needs in person during your appointment, and be sure that they have the necessary prescriptions to last them until their next scheduled appointment. In the event that you need an additional copy of your script or a refill prescription in between appointments, there is a \$15 refill charge, as your request requires office personnel to process. To avoid this charge, make sure you receive enough refills when you see your doctor. The \$15 fee also applies to controlled substance prescriptions that have to be re-written. Also, if the patient has not been seen by an Elemental Center provider within the past three months, we will be unable to process your prescription refill request until the patient is seen in office for an appointment.

Confidentiality – We are committed to making this a safe place for you to get help. To that end, we adhere to all legal protections of your confidentiality. Limitations include staff consultation, life-threatening behavior, child abuse, elder abuse, and judge's orders to release information.

Authorizations – Patients seeking services at the Elemental Center authorize the following:

1. I authorize the release of information to my insurance company(s).
2. I authorize direct payment to my service provider.
3. I understand that it is my responsibility to pay any deductible, co-insurance amount or any other balance not paid by my insurance, for services provided. This payment is expected no later than 30 days after receipt of billing information from this office.
4. I understand that it is my responsibility to pay any copay at the time services are provided.
5. I understand that there will be a service charge on all returned checks.
6. I understand that if my account is sent to collections, a collection fee of 33% will be added to the total owed when sent to collections. All attorney fees and court costs incurred by the creditor will be the responsibility of the debtor.

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NOTICE OF PRIVACY PRACTICES

PLEASE RETAIN THIS NOTICE FOR YOUR RECORDS

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information may identify you and relates to your past, present or future physical or mental health and related health services, is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how Elemental Center, Ltd may use and disclose your PHI in accordance with applicable law and Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Elemental Center, Ltd is required to maintain the privacy of PHI and to provide you with notice of legal duties and privacy practices with respect to PHI. Elemental Center, Ltd is required to abide by the terms of this Notice of Privacy Practices. Elemental Center, Ltd reserves the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that is maintained at that time. You will be provided with a copy of the revised Notice of Privacy Practices via mail upon request or upon your next appointment.

HOW ELEMENTAL CENTER, LTD. MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Elemental Center, Ltd may only disclose PHI to another consultant with your prior authorization.

For Payment: Elemental Center, Ltd may use and disclose PHI in order to receive payment for services rendered. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you in determination of medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, Elemental Center, Ltd will only disclose the minimum amount of PHI necessary for purposes of collection.

For Healthcare Operations: Elemental Center, Ltd may use or disclose, as needed, your PHI in order to support internal needs including, but not limited to, quality assessment initiatives, assessment of patient needs, revenue analysis, etc. For example, Elemental Center, Ltd may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided that a written contract is in place requiring the safeguard and privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization. Elemental Center, Ltd may use PHI to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

Required by Law: Under the law, Elemental Center, Ltd must make disclosures of your PHI to you upon your request. In addition, Elemental Center, Ltd must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining the organization's compliance with the requirements of the Privacy Rule.

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Without Authorization. Applicable law and ethical standards permit disclosure of information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect, elder abuse or neglect, or mandatory government agency audits or investigations (such as the social work licensing board or the health department).
- Required by Court Order
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI maintained by Elemental Center, Ltd. To exercise any of these rights, please submit your request in writing to 15010 S Ravinia, Suite 15, Orland Park, IL 60462.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy your PHI will be restricted only in situations where there is compelling evidence that access would cause serious harm to you. Elemental Center, Ltd may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI Elemental Center, Ltd maintains about you is incorrect or incomplete, you may request to amend the information, although Elemental Center, Ltd is not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures made of your PHI. Elemental Center, Ltd may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or healthcare related operations. Elemental Center, Ltd is not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that communication with you about medical matters in a specific way or at a specific location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a complaint in writing to:

**Elemental Center, Ltd.
Attn: Director of Operations
1323 Butterfield Road, Ste. 116
Downers Grove, IL 60515**