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Fellowship in Endovascular Surgery/ Interventional Neuroradiology

Neurosurgical Associates of Southwestern CT

BRAIN & SPINE SPECIALISTS

Shawn B. Finnegan, PA-C
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Danbury, CT 06810-4032
Phone: (203) 792-2003
Fax: (203) 792-8193

Over 75 Years of Experience treating Brain & Spine disorders

Chart: _____

To Be Completed By Patient

Patient's Name: _____
(Please Print)

Authorization to release medical information
I hereby authorize my physician to release any information acquired in the course of my examination or treatment to my insurance company or any doctor or hospital I may be referred to.

Should my account be referred for collection after a default, I agree to pay all costs of collection, including a reasonable attorney's fee. All delinquent accounts bear interest at legal rates.

_____
Signature (Patient or Guardian)

_____
Date

Payment of Benefits
Authorization to pay benefits to physician: I hereby authorize Payment to be made directly to: Neurosurgical Associates of Southwestern Connecticut, CT PC, for any surgical and/or medical benefits, that otherwise would have been payable to me for their services. I am also responsible for payment when current insurance information is not provided to NSA in a timely fashion.

_____
Signature (Patient or Guardian)

_____
Date

Emergency Contact Person Name: _____ Relationship: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Disclosure of Medical Information ***(List the names of family members, friends, etc that may call on your behalf or we can speak to on your behalf)***
You are hereby authorized to disclose to the following individual or Individuals, information pertaining to my medical condition, including Diagnosis, prognosis, appointments, medications and treatment plan.
(This authorization will continue in force until revoked by me in writing.)

_____
Initial

_____
_____
_____
_____
_____

Messages
Neurosurgical Associates of Southwestern Connecticut, CT PC has my permission to leave a message on my answering machine :

_____
Initial

At Work: ____ Yes ___ No
At Home: ____ Yes ___ No
Cell : ____ Yes ___ No