

SOMERS ORTHOPAEDIC SURGERY & SPORTS MEDICINE GROUP, P.L.L.C.

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Mt. Kisco, NY 10549
(914) 666-5550

Confidential

AUTHORIZATION QUESTIONNAIRE

PLEASE PRINT CAREFULLY

AUTHORIZED REPRESENTATIVE(S):

Please list the family members or other persons, if any, whom we may inform about your general medical condition & your diagnosis (including treatment, payment and healthcare operations) and who may pick up copies of medical records, radiology films, prescriptions and receive telephone calls such as appointment reminders on your behalf.

Spouse: _____ Other: _____
Parent: _____
Son / Daughter: _____

EMERGENCY CONTACT(S):

Please list the family members or significant others, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY:**

Name: _____ Telephone Number: () - _____
Name: _____ Telephone Number: () - _____
Name: _____ Telephone Number: () - _____

BILLING / CORRESPONDENCE:

Please print the address of where you would like your billing statements and / or correspondence from our office to be sent **if other than your home address:**

Address: _____

TELEPHONE MESSAGES / APPOINTMENT REMINDERS

Please print the telephone number where you would like to receive calls about your appointments, test results, or other health care information **if other than your home telephone number:**

Telephone Number: () - _____
Telephone Number: () - _____

Please be aware that a cell phone is not a secure and private line.

It is our office policy to call scheduled patients to confirm appointments. May we leave messages such as appointment reminders on your telephone answering machine (at home) or voicemail (at work)?

Yes No

PATIENT NAME: _____

PARENT / LEGAL GUARDIAN: _____
(if minor)

SIGNATURE OF PATIENT / PARENT / GUARDIAN: _____