

Department of Otolaryngology
New York Medical College
Maria Fareri Children's Hospital
Westchester Medical Center

ENT FACULTY PRACTICE

1055 SAW MILL RIVER ROAD
SUITE 101
Ardsley, NY 10502
Telephone: (914) 693-7636
Fax: (914) 693-5994
www.entfaculty.com



Augustine L. Moscatello, M.D., F.A.C.S.
David M. Merer, M.D., F.A.C.S., F.A.A.P.
Angela Damiano, M.D., F.A.C.S.
Craig H. Zalvan, M.D., F.A.C.S.
Katrina R. Stidham, M.D.
Lianne M. de Serres, M.D., M.S.
Steven A. Hemmerdinger, M.D.
Manoj T. Abraham, M.D., F.A.C.S.
Christine A. Fusillo, M.D., F.A.A.A.A.I.
Randi Sherman, Ph.D., CCC-A
Pam P. Greenspan, AuD., F.A.A.A.
Melanie Katz, AuD., F.A.A.A.
Amanda Muldoon, MS, CCC-A
Suzanne Lasseter, P.T.

GENERAL OTOLARYNGOLOGY
PEDIATRIC OTOLARYNGOLOGY
HEAD & NECK SURGERY
LARYNGOLOGY
RHINOLOGY
NEUROLOGY/OTOLOGY
FACIAL PLASTICS &
RECONSTRUCTION
ALLERGY & IMMUNOLOGY
AUDIOLOGY
BALANCE TESTING
VESTIBULAR THERAPY

PLEASE READ AND SIGN ONLY IF YOUR INSURANCE REQUIRES A REFERRAL

You are advised that the terms of your insurance contract requires you to obtain a referral form from your participating primary care physician before receiving the services you seek at our practice

Please be further advised that the provider you will see today has confirmed that if you proceed today to receive the services you seek in the absence of the required referral, the services rendered will not be "covered services" under the terms of your benefit contract and you will be responsible for payment of amounts up to the provider's FULL CHARGES for all services provided to you or your dependent. Please note that a referral cannot be backdated.

If you have any questions about the referral process under your benefit contract or are not sure whether a referral is required before receiving the services you seek today, please contact your insurance customer service at the phone number listed on the back of most insurance cards.

By signing below you are acknowledging your consent to pay directly to the provider all charges arising from your or your dependent's office visit today

Print name of patient and legal guardian (if applicable) _____
(Patient/Legal Guardian)

Contract Holder's Name _____

Contract Holder's ID No. _____

Accept and agreed _____