

**BRIAN HALPERN, M.D.**

*HOSPITAL FOR SPECIAL SURGERY*

**MAILING ADDRESS:**

The Hospital for Special Surgery  
535 East 70<sup>th</sup> Street  
New York, N.Y. 10021

**OFFICE ADDRESS:**

525 East 71<sup>st</sup> Street  
New York, N.Y. 10021  
Telephone (212)606-1329

**Financial Agreement and Authorization for Treatment**

I authorize treatment for the undersigned and agree to pay all fees and charges for such treatment up presentation of the charges. I agree to submit to my insurance carrier myself and accept payment issued by them. The doctor is not a participator of any insurance plan. I also authorize release of information if requested by any physician, provided it is sent with a signed release by me.

Furthermore, it understood that my purpose of requesting examination and treatment is solely for medical purpose and not in any way connected with pending or proposed litigation, except to provide a true and accurate copy of medical records in the possession and control of this office pursuant to any authorization by undersigned.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_