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You agree, in order for us to service your account or to collect any amounts you may owe, we and our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you.

We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us.

If you have an HMO insurance plan you require a referral from your PCP for all visits with us. If we see you and you have NO updated referral on file and your Insurance carrier denies the claim you are held responsible for full payment.

I/We have read this disclosure and agree that the practice may contact me/us as described above.

Patient Name

Printed Patient/Guarantor Name

Patient/Guarantor Signature

Signature Date