Kenneth R Cerny, MD*
Mark S Diamond, MD*
Stuart W Fox, MD*
Richard S Rosenberg, MD*
Matthew F Conigliari, MD*
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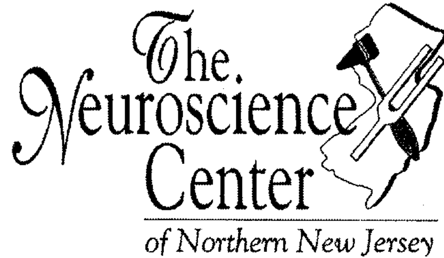

310 MADISON AVENUE
MORRISTOWN, NJ 07960
Tel: 973-285-1446 Fax: 973-605-8854

33 OVERLOOK ROAD
SUMMIT, NJ 07901
Tel: 908-277-3525

ASSIGNMENT OF BENEFITS/AUTHORIZATION FOR TREATMENT:

I hereby authorize treatment and authorize the provider of medical services to release information for these services to my insurance carrier for payment. I further authorize that payment of benefits be made to the provider on my behalf or to myself. I understand that I am financially responsible for all charges not covered by my insurance and it is likely there is a balance due. I understand that payment is expected at time of visit when services are rendered without a valid referral.

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Patient or Authorized Representative Date

The Neuroscience Center **does not participate** with the following insurance plans:

Healthnet
Oxford Liberty
United Healthcare
Other____