

SCHEDULING ONLY Date: _____ Time: _____

The Metropolitan Neurosurgery Group LLC
1010 Wayne Avenue, Ste. 420, Silver Spring, MD 20910
Phone: 301-557-9051 Fax: 301-654-9394

NEW PATIENT APPOINTMENT REQUEST FORM

Date: _____
Name: _____ DOB: _____
Phone Number: _____ Cell Number: _____
Insurance Carrier: _____ Member ID #: _____
Email Address: _____
Address: _____
Referred By: _____

All patients need to have a Primary Care Physician, if you don't have one, you will not be considered for an appointment.

PCP Name & Contact Information: _____
Diagnosis/Issue: _____
Name and contact information of anyone else treated you for this condition: _____

MVA, Injury or Workman's compensation cases will be managed by Dr. Rosenbaum only. We do not accept Medicaid patients at this time.

Please fax this form to (301)654-9394 and we will contact you accordingly as appointments open up. Feel free to call the office to check on the status of your application.

Please understand that **Dr. Henderson is Out of Network with all insurances while Dr. Rosenbaum accepts Medicare and BCBS.** The fee for the first visit at the moment **ranges from \$825 - \$1250** for new patients, **this is based in time and complexity.** If you have not **been** seen within the last **2** years or more, you will be considered a New Patient.

Please note all new patients must be referred by a physician. All new EDS patients need to be diagnosed by a geneticist before seeing Dr. Henderson. You cannot be scheduled for an EDS consultation if we have not received the referral and geneticist report.

We understand that there are times when you must miss an appointment due to emergencies or obligations, however, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book. **Please be aware that any New Patient appointments canceled with less than 48 hours of notice will be subject to the new patient fee of \$625.00 being charged to your credit card.**

Credit Card Number: _____
Security Code: _____

Exp. Date: _____
Billing Zip Code: _____

THANK YOU!