



Neurosurgery Group

1010 East Third Street, Suite 202

Chattanooga, TN 37403

Phone: 423-265-2233 Fax: 423-756-8265

Dear: _____ Date: _____

You are scheduled to see _____ MD / PA / NP

Date: _____ Time: _____ (am/pm).

Enclosed is patient information and medical history forms that you need to complete and bring with you on your appointment. Please do not mail these back to us.

❖ FAILURE IN BRINGING ANY OF THE FOLLOWING REQUESTED ITEMS WILL RESULT IN YOUR APPOINTMENT BEING RESCHEDULED.

X-RAYS FILMS, CT & MRI SCANS - It is necessary for you to bring with you any records from physicians you have seen pertaining to the problem we will be seeing you for. This includes original X-ray films, CT, MRI scans, etc. and the original report of the studies.

MEDICATIONS - Please bring with you all your medications or a list including name, strength & dosage.

PHOTO IDENTIFICATION - Patients are required to bring a government issued photo ID. If the patient is a minor, then their guardian's ID will be requested. If the address on the ID does not match your current address, you will need to bring a utility bill or other correspondence showing your current address.

INSURANCE & AUTHORIZATIONS - Please bring your current insurance cards, as we will file your insurance for their portion of payment on your bill. Your insurance company may also require an authorization or a referral from your primary care physician. It is YOUR responsibility to make certain that we have this authorization by the time of your appointment by bringing it with you or having your primary care physician fax it to our office.

PAYMENT FOR SERVICES - Payment will be expected at the time of your appointment. We will ask for your co-payment or deductible amount to be paid. For your convenience, we accept most Major Credit Cards as well as Cash and Checks. Self-pay patients are asked to call prior to appointment.

Our physicians make every attempt to keep to their appointment schedule. However, they are surgeons and may be called to the hospital for emergencies. Should this situation arise, we will make every attempt to contact you to reschedule your appointment. We ask for your understanding if we cannot reach you before you arrive for your appointment.

We look forward to meeting you and providing you with medical care. If you have any questions prior to your appointment, please give us a call.

Notice: parking lot is managed by Republic Parking - (cash & credit cards accepted)

Neurological & Spine Surgeons - Peter E. Boehm, Jr., MD Peter E. Boehm, Sr., MD Michael R. Gallagher, MD Daniel B. Kueter, MD
Joseph H. Miller, MD Prayash G. Patel, MD Timothy A. Strait, MD

Orthopedic Spine Surgeon - Venkat Ganapathy, MD, FRCS

Physical Medicine & Rehabilitation Interventional Spine - Paul E. Hoffmann, MD

Advanced Practice Providers - Michael Liedke, DNP, ACNP Lindsay Dixon, PA-C Maegen Frizzell, PA-C Donald Hakes, PA-C
Anita Jones, PA-C Sarah Johnson, PA-C Jessica Martin, PA-C Joel Morrison, PA-C