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Physical Medicine  
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Interventional Spine

Paul E. Hoffmann, M.D.

Retired

Robert A. Waters, M.D.  
(1921-1972)  
Augustus McCravey, M.D.  
(1910-1989)  
Walter E. Boehm, M.D.  
(1914-1994)  
Neil C. Brown, M.D.  
(1934-1996)  
Barry P. Norton, M.D.  
(1934-2008)  
Roger G. Veith, M.D.  
Ralph McGraw, Jr., M.D.  
W. Charles Sternbergh, Jr., M.D.  
Walter M. Boehm, M.D.  
(1941-2013)

Date: \_\_\_\_\_

Dear: \_\_\_\_\_

You are scheduled to see \_\_\_\_\_ MD / PA / NP  
of Chattanooga Neurosurgery & Spine on:

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.

**Sincerely, Chattanooga Neurosurgery & Spine**