



# ORCHARD MEDICAL GROUP

FAMILY MEDICINE

## Insurance Waiver and Financial Responsibility Agreement

To ensure your care is covered by insurance, it is important that you select a Primary Care Provider (PCP) within Orchard Medical Group **if required by your insurance plan. This choice grants you access to any provider at our Salem and Hampstead locations.** Please review the agreement below, which details your responsibilities regarding PCP selection and appointment billing.

### PCP Selection Requirement:

I understand **that if my insurance plan requires it**, I must choose a Primary Care Provider (PCP) within Orchard Medical Group. Doing so allows me to see any provider at both the Salem and Hampstead offices. I acknowledge that if I do not select a PCP within the group, my insurance may deny coverage, and I will be responsible for paying any resulting charges.

### Available Providers:

The following providers are available for PCP selection within Orchard Medical Group:

- **Alan M. Stein, MD | NPI 1740279256**
- **Audrey Morgan, FNP-BC, APRN | NPI 1124403332**
- **Kathleen Devejian, FNP-BC, APRN | NPI 1528579257**
- **Lindsay Jones, FNP-BC, APRN | NPI 1528579257**
- **Krimish Bhagat, PA-C, MPAS | NPI 1760001770**

By signing this agreement, I confirm that I have read, understood, and accepted the above requirements. I also accept financial responsibility for any charges not covered by my insurance due to my failure to select a PCP within Orchard Medical Group.

**Patient Signature:** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

Please choose a PCP from the list above and notify your insurance provider of your selection to avoid any disruption in coverage or unexpected costs.

*Thank you for entrusting your care to Orchard Medical Group. We are committed to providing you with the highest quality care.*