



Insurance Waiver & Financial Responsibility Agreement

Some insurance plans require you to designate a Primary Care Provider (PCP). Please review and sign below to confirm your understanding and agreement.

PCP Selection Requirement

If my insurance requires a PCP, I must choose any provider within Orchard Medical Group. This allows me to receive care from any provider at either the Salem or Hampstead locations. I understand that if I do not select a PCP within Orchard Medical Group or fail to update my insurance, my visits may not be covered. In such cases, I agree to be fully responsible for all charges and understand I will receive a bill for any unpaid services.

Providers Eligible for PCP Selection

- Alan M. Stein, MD | NPI 1740279256
- Audrey Morgan, FNP-BC, APRN | NPI 1124403332
- Kathleen Devejian, FNP-BC, APRN | NPI 1528579257
- Kerry Anderson MSN, APRN, FNP-C | NPI 1346763927
- Krimish Bhagat, PA-C, MPAS | NPI 1760001770

By signing below, I confirm that I understand the above policy and agree to accept full financial responsibility for any charges not covered by my insurance due to failure to select a PCP within Orchard Medical Group.

Printed Name: _____ DOB: _____

Signature: _____

Date: _____

(Patient or Parent/Legal Guardian, if patient is a minor)

Relationship to patient: _____

Important: To avoid denied claims or out-of-pocket costs, promptly choose a PCP from the list above and notify your insurance provider of your selection.

Thank you for choosing Orchard Medical Group for your care.

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