neuroCare
Centers of America

Long Island NeuroCare Therapy, PLLC
Richard Pitch, MD - Medical Director

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Release of Account Information

Date:

Patient Name: _____ Date of Birth: _____

Allows Long Island NeuroCare Therapy, PLLC/Richard Pitch, MD to send and receive information from the following:

1. _____ Relationship: _____
   Telephone #: _____
2. _____ Relationship: _____
   Telephone #: _____
3. _____ Relationship: _____
   Telephone #: _____

Information requested is as follows:

1. Discuss patient's care
2. Billing / Account information

The purpose of this information is as follows:

1. Treatment planning
2. Account balance
3. Other:

I understand this release is voluntary and may be revoked at any time. I have been informed of the purpose of this release.

Patient/Parent/Guardian signature: _____