

Total Patient Care, LLC

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New Patient Waiver

This letter is to notify all new patients to be established in our office that it is mandatory to have a complete physical. This would entail collecting medical history from patients, blood work and EKG. It is in the best interest of the Doctor/Nurse Practitioner to have this testing done so we can give you the best care needed.

It is necessary at the time of your office visit that you present your insurance card to the Front Desk along with your Co-payment due.

If you cannot provide us with this information then you will be responsible for payment of services rendered.

Thank you,
Total Patient Care, LLC

Signature Required

I have been notified that in my case, my insurance company might deny payment. If the insurance company does deny payment, I agree to be personally responsible for the payment. I understand that if the claim is denied, I will receive a bill for all services rendered

Patient or Guardian

Date