



**PREMIER** *medical group*

**PATIENT TREATMENT WAIVER**

I, \_\_\_\_\_ realize that I do not have the proper referral from my Primary Care Physician to cover the services that I am requesting from Premier Medical Group. Therefore, I will be responsible for the payment of this visit and all associated charges for me or my dependent(s).

Signed: \_\_\_\_\_

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

Witnessed: \_\_\_\_\_

***Premier Medical Group of the Hudson Valley, P.C.***

**Poughkeepsie | Fishkill | Kingston | Rhinebeck | Newburgh | New Windsor | Montgomery**

***Urology Division : 845.437.5000 | GI Division Poughkeepsie / Fishkill / Kingston : 845.471.9410 | GI Division New Windsor / Newburgh: 845.562.0740***

***Poughkeepsie Internal Medicine : Atrium at MHRH - 845.790.6100 North Road - Dr. Pavels: 845.454.4600 Dr. Wogalter: 845.454.4055***

***Fishkill Internal Medicine : 845.838.8480 | New Windsor Internal Medicine : 845.561.8500 | Rheumatology Division : 845.454.9500***

***Podiatry Division : North Road-Poughkeepsie/Fishkill - 845.471.9410 Fairmont Ave-Poughkeepsie -845.454.0630***

***Web: [www.premiermedicalhv.com](http://www.premiermedicalhv.com)***