

# Tarlov Consultation Check off List

Please use this check off list to ensure all information is complete for your chart.

Patient Name: \_\_\_\_\_

- HIPAA Receipt and Authorization
- Patient History
- Patient Information
- MRI Disc/CDs or Films
- MRI/Radiology report
- Copy of insurance card(s) front and back

If applicable:

- Automobile or Liability Claim Information
- Workers Compensation Claim
- Medicare Secondary Payer Questionnaire

You will be notified when your information has arrived. If there is additional or missing information needed we will contact you. How do you want us to contact you?       Email       Standard US Mail       Phone

*Note: Only complete charts will be forwarded on to Dr. Feigenbaum for review.*

Please allow *at least* 6-10 weeks for a response from the doctor. Thank you.

Mail to:

Feigenbaum Neurosurgery, P.A.  
Attn: Peg  
9080 Harry Hines Blvd, Ste 210  
Dallas, Texas 75235