

**Newton Wellesley Surgeons, Inc.**

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## WAIVER OF LIABILITY

- I understand that, as a member of a Managed Care Health Plan, it is my responsibility to choose a Primary Care Physician who will manage or coordinate my care
- I understand it is my responsibility to first communicate all health care needs to my Primary Care Physician.
- I understand that my Managed Care Plan requires that my Primary Care Physician authorizes and completes a referral every time he / she refers me to a Specialist and that the referral may limit my coverage to just one or a specific number of visits.
- I understand that it is my responsibility to make sure a referral has been authorized and completed by my PCP PRIOR TO my scheduled appointment with the Specialist.
- If this procedure has not been followed I will be held accountable for payment for the services provided.

I have read and understand the Newton Wellesley Surgeons Waiver of Liability and agree to comply. I may request a copy of this policy at any time.

Patients Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

*\* Please be advised that **Newton Wellesley Surgeons** requires 48 hours' notice to cancel an appointment. We reserve the right to charge \$75 for a missed clinic appointment that was not cancelled in advance. Thank you!*