Musculoskeletal® Resources CONCIERGE

Appointment Date: _____

Appointment Time: _____

Interventional Physical Medicine & Rehabilitation, P.C.

Address: 451 Main Street, 2nd Fl., New Rochelle, NY 10801

Phone: (800) 352-3600

Email: contact@msrconcierge.com

Business Hours:

Monday-Friday: 8:30 AM – 7:00 PM
Saturday: 8:30 AM – 12:30 PM

Practice Specialties:

Physical Medicine & Rehabilitation
Interventional Pain Management
Physical Therapy
Diagnostic Testing

Prepare for Your Visit:

Please bring a valid photo ID and the following information filled out for your initial appointment:

1. Date of Injury: _____
2. Body Parts Injured: _____
3. Insurance Type: ☐ *No-Fault* ☐ *Workers Compensation* ☐ *Lien*
4. Insurance Company: _____
5. Adjuster's Name and Phone Number: _____
6. Claim Number: _____
7. Representing Law Firm: _____
8. Law Firm Contact Name & Number: _____

Effortless and accessible injury care—consider it done!

800-352-3600
msrconcierge.com
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