

PAUL J. LISWOOD, D.P.M.

7212 Fourth Avenue
Brooklyn, NY 11209

Telephone: (718) 745-0256

SIGNATURE ON FILE

- I authorize the doctor named above to use my name on any and all claims or documents that relate to health insurance benefits due to me and my dependents.
- I authorize release of any information related to any claims to all my Insurance Companies or other relevant parties.
- I understand that I am responsible for my bill and agree to pay all charges for services and items provided to me.
- I authorize my doctor to act as my agent in helping me obtain payment from my Insurance Companies.
- I authorize payment of health benefits otherwise payable to me, directly to my doctor.
- I permit a copy of this authorization to be used in place of the original.
- This "Signature on File" is valid for one year from the date indicated below.

Signature of Beneficiary, Guardian or Personal Representative

Medicare #
(if applicable)

Date

Please print name of Beneficiary, Guardian or Personal Representative

Relationship to Beneficiary