

**FILL OUT THIS FORM ONLY IF YOU HAVE
MEDICARE OR A MEDICARE REPLACEMENT INSURANCE PLAN.**

Affiliates in Podiatry, P.C.

Pillsbury Medical Building
248 Pleasant St, Suite 203
Concord, NH 03301-2548
603-225-5281 ~ 800-255-5779

169 Daniel Webster Highway
Meredith, NH 03253-5648
603-279-0330

ONE-TIME PATIENT AUTHORIZATION FORM FOR USE BY THE PROVIDER

Beneficiary's Name

Health Insurance Number

I request that payment of authorized Medicare Benefits be made to me or on my behalf to the other named person listed on the claim form, for any medical services furnished me by the above listed provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agent any information needed to determine these benefits or the benefits payable for related services.

Signature of Beneficiary