David N. Buchalter, M.D.
Orthopedic Surgeon
Diplomate, Board Certified by A.B.O.S.

Steve E. Meadows, M.D.
Diplomatic American Board of Orthopedic Surgery
General Orthopedics, Subspecialty in Shoulder, Elbow, Wrist & Hand Surgery

Russell D. Weisz, M.D.
Orthopedic Surgeon, Board Certified
Adult Trauma and Reconstruction
Geriatric Fractures

Brian E. Coleman, M.D.
Board Certified Foot & Ankle Specialist
Diplomate, American Board of Orthopedic Surgery

William P. Toole, M.D.
Sports Medicine, Arthroscopic Surgery
Cartilage Restoration
Hip Arthroscopy and Preservation

Jonathan M. Tarrash, M.D.
Board Certified in Pain Medicine
Physical Medicine and Rehabilitation

MEDICARE EXTENDED AUTHORIZATION
"SIGNATURE ON FILE"

_____ _____
BENEFICIARY NAME (HIC) MEDICARE HEALTH INSURANCE NUMBER

I request that payment of authorized Medicare benefits be made either to me, or on my behalf, to _____ for any services furnished

to me by that physician. I authorize any holder of medical information about me to release to the CMS and its agents, any information needed to determine these benefits or benefits payable for related services.

_____ _____
PATIENT NAME DATE

MEDIGAP ASSIGNMENT OF BENEFITS

To: _____
MEDIGAP INSURANCE CARRIER

_____ _____
BENEFICIARY NAME MEDIGAP INSURANCE POLICY NUMBER

I request that payment of authorized Medigap benefits be made either to me or on my behalf to _____ for any services furnished to me by that physician/supplier. I authorize any holder of medical information about me to release to the above-mentioned insurance carrier, any information needed to determine these benefits payable or benefits payable for related services.

_____ _____
PATIENT SIGNATURE DATE