



Eastern and Western Medical Center, PLLC

381 Park Avenue, Worcester, MA 01610-1026

Tel. (508) 792-3200 fax (508) 792-0400

And

Jade Acupuncture

148 Waterman Street

Providence, RI 02906

Tel. (401) 400-5837, Fax (508) 792-0400

SIGNATURE ON FILE

- I authorize payment of health insurance benefits otherwise payable to me, directly to the doctor.**
- I authorize my doctor to act as my agent in helping me obtain payment from my Insurance Companies.
- I authorize the doctor named above to use my name on any and all claims or documents that relate to health insurance benefits due me and/or my dependants.
- 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, if not paid by my insurance company.**
- I permit a copy of this authorization to be used in place of the original.
- This "Signature on file" is valid forever unless revoked in writing.

NOTE: ALL boxes must be checked off.

Signature of Beneficiary, Guardian or

Medicare # (if any)

Personal Representative

PLEASE **PRINT** YOUR NAME

RELATIONSHIP TO BENEFICIARY