

MURAT BANKACI, M.D., P.C.

609 North Church Street, Ste. 1
Mount Pleasant, PA 15666
(724) 547-4575

410 Pellis Road, Ste. 1C
Greensburg, PA 15601
(724) 832-9688

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.

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|--|--|---------------|
| _____ Signature of Beneficiary, Guardian or Personal Representative | _____ Medicare # (if applicable) | _____ Date |
| _____ Please print name of Beneficiary, Guardian or Personal Representative | _____ Relationship to Beneficiary | |

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