

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

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

**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

(Vers. M2HSS04)

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