



114 South Jackson Ave.
Wylie, TX 75098
972-429-4677 OFFICE
972-429-8229 FAX

SIGNATURE ON FILE

- I authorize use of this form on all my insurance submissions
- I authorize release of information to all my insurance companies
- I understand that I am responsible for my bill
- I authorize my doctor to act as my agent in helping me obtain payment from my insurance companies
- I authorize payment direct to my doctor
- I permit a copy of this authorization to be used in place of the original.

Patient Name _____
(Please Print)

Signature _____ Date _____