

DR. MARC B. SINGER, D.P.M., PA

Diplomat, American Board of Podiatric Medicine

PODIATRIST – FOOT SURGEON

Diseases, Inquiries and Surgery of the Foot

Patient's Authorization for medical information and insurance

I hereby authorize Marc B. Singer, DPM, PA to apply for benefits on my behalf for covered services rendered by Marc B. Singer, DMP, PA. I certified that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information for this or any related claims. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by any time in writing. I understand that nothing relieves me of the primary responsibility and obligation to pay for medical services provided, when a statement is rendered.

I understand that medical insurance is a contract between me and the company supplying the insurance. If you am required to have a referral from a primary care physician and do not have a referral prior to service, then you will not be seen by Dr. Singer unless you agree to pay for services provided.

I have read and understand the HIPAA compliance rules that have been provided.

Signature of Subscriber or Beneficiary

Date

Thank you,

Dr. Marc Singer and Staff