



2607 S. Southeast Blvd.
Suite B-150
Spokane, WA 99223
(509) 532-8114

LIFETIME AUTHORIZATION FOR MEDICARE

I request that payment under the medical insurance program be made to the provider named below on any bills for services furnished to me. I authorize the below named provider to release to the Social Security Administration, its intermediaries, or carriers and information needed for this claim or any related Medicare claim. I further permit a copy of this authorization to be used in place of the original.

I acknowledge that I have read and understand: the Medicare authorization.

Provider's Name: Applause Hand Therapy
Provider's Address: 2607 S. Southeast Blvd. #B150
Spokane, WA 99223

Patient's Signature

Date