

Release for Medicare Processing

I authorize David A. Raush, Ph.D., or his representative to release to Medicare and / or my supplemental insurance company confidential information necessary to process my Medicare and / or supplemental insurance claims and to release confidential information in the event of a review by Medicare and / or my supplemental insurance company. I authorize David A. Raush, Ph.D., to accept assignment of benefits for the services he provided. This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon.

Signature and date _____