

Stephen P. Meier, Jr., O.D. Leigh A. Moser, O.D.

Authorization to Release Information:

I hereby authorize Meier & Moser Associates, P.C. to release to the health care financing administrators and its agents any information needed to determine benefits payable for related services. This includes Medicare, insurance companies, and/or family physicians. I request that payments of authorized benefits on my behalf be made to Meier & Moser Associates P.C. for any services furnished by that physician or supplier.

THE CONTRACTOR OF THE CONTRACT			
Print Name			
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Signature		Date	alai alai que que mais de malente a giu esta de el meno que te en espece a que en mone

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