

North Hills Podiatry  
Cranberry Foot & Ankle

Patient Name:\_\_\_\_\_ Insurance ID#\_\_\_\_\_

I request that payment of authorized benefits be made either to me or on my behalf to North Hills Podiatry/Cranberry Foot & Ankle for any services furnished me by them. I authorize any holder of medical information about me to release to my insurance company and its agents any information needed to determine these benefits or the benefits payable to related services. If a referral is not furnished to North Hills Podiatry/Cranberry Foot & Ankle, I agree to be responsible for payment of all charges incurred by my treatment.

Signed:\_\_\_\_\_