INSURANCE AUTHORIZATIONS SHEET

Shen-Spine
Jian Shen, MD, Ph.D.
215 East 77th Street New York, NY 10075
(518) 842-2663

SIGNATURE ON FILE

- ✓ I authorize use of this form for all my insurance submissions.
- ✓ I authorize release of information to all my Insurance Companies/Payers.
- ✓ I understand I am responsible for my co-pays and bill if insurance does not pay.
- ✓ I authorize my doctor to act as my agent in helping me obtain payment from my insurance company.
- ✓ I authorize payment direct to my doctor.
- ✓ I permit a copy of this authorization to be used in place of the original.

Name:_____

Signature:_____ **Date**:_____

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