



Ottawa Shores E.N.T. Associates, P.C.

1445 Sheldon, Suite 304 Grand Haven, MI 49417
616-935-6966 phone 616-935-6967 fax

Medicare One Time Authorization

Name of Beneficiary

Health Insurance Claim Number (Social Security Number)

I request that payment of authorized Medicare Benefits be made either to me or on my behalf to Ottawa Shores E.N.T. Associates, P.C. for any services furnished to me by my physician. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services (CMS) and its agents any information needed to determine whether these benefits are payable for related services.

Patient's Signature

Date