

W. Lee MacKewiz, O.D.,P.A.
Bear Eye Associates
725 Pulaski Highway
Bear, DE 19701
(302) 834-2020

MEDICARE SIGNATURE ON FILE

I request that payment of authorized Medicare benefits and other applicable insurance be paid directly to W. Lee MacKewiz, O.D., P.A. for services rendered. I authorize the release of any information about myself to determine these benefits.

I understand that by signing this form, I authorize W. Lee MacKewiz, O.D. P.A. to submit claim information on my behalf in the future, and this will serve as "Signature on File" so that I don't have to sign additional copies.

Signature

Date

Medicare#