DOWNEY CHIROPRACTIC CLINIC
10062 W. FAIRVIEW STE 110
BOISE ID 83704 (208) 322-6600

MEDICARE
SIGNATURE ON FILE

I request that payment of authorized Medicare benefits be made to me on behalf of Downey Chiropractic Clinic, for any services furnished me by that physician. I am aware that Downey Chiropractic Clinic does accept Medicare but does not accept assignment. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any needed information need to determine these benefits payable for related services.

Signature______________________________Date___________________________