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 Marcelle Zebuhr, PA-C

## To: Our Medicare Patients

Under the Medicare Law, Effective 9/1/1990, it is our obligation to process Medicare claims for our patients. In order to comply with this law, it is necessary that we have you sign the following statement:

"I request that payment of authorized Medicare benefits be made either to me or on my behalf to Princeton Orthopaedic Associates for any services furnished me by that physician or supplier. I authorize any holder of medical information about me to release to the health care financing administration and its agents any information needed to determine these benefits or the benefits payable for related services."

\_\_\_\_\_  
 Patient's name - printed

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Patient's signature

\_\_\_\_\_  
 Medicare Number

\_\_\_\_\_  
 Secondary Insurance Company

\_\_\_\_\_  
 Secondary Insurance ID #

**Princeton**  
 325 Princeton Avenue  
 Princeton, New Jersey 08540  
 Tel: 609-924-8131

**Forsgate**  
 11 Centre Drive  
 Monroe Twp., New Jersey 08831  
 Tel: 609-655-4848

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 727 State Road (Route 206)  
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 Tel: 609-921-7872  
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