

Juan Rosario, MD
Ashley East, PA-C
Erin Harris, PA-C



4479 Baymeadows Road
Jacksonville, Florida 32217
904-731-8300 fax 904-737-7901

SIGNATURE ON FILE FOR MEDICARE PATIENTS

Name: _____

Patient's Medicare #: _____

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Dr. Juan A Rosario for any services finished to me by that physician. I authorize the above physicians to release to the Health Care Financing Administration and its agent any information needed to determine these benefits for related services.

Patients Signature: _____

Date: _____