## **IAA 2007**

## Stahl Eye Center

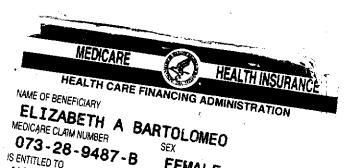
T.J. Hufnagel, M.D.
Marc S. Werner, M.D.
Benjamin Chang, M.D.
Elias Aliprandis, M.D.
K. Buol Heslin, M.D.
Harry Briffel, O.D.
Orly Maslavi, O.D.
Brian Lewy, O.D.

## Calendar Year 2007

	nsfer and set over to the above named physician group and facility and or benefits to which I may be entitled from government agencies, and/or others who are financially liable for the cost of care and treatment ent.
	e named physician group and facility to release any and all records, rices rendered, or treatment given to the patient for purpose of review, uation of any claim submitted to my insurer(s).
<ul> <li>I agree that I am fina services or treatment medical insurance, the the patient.</li> </ul>	ancially responsible for any balance that my insurance does not cover for rendered to the patient. I agree that if the patient is not covered by nen I am responsible for all charges for services or treatment rendered to
Date	Signature of Patient/Guarantor
	Printed Name of Signee

212-689-7676

001010 medicale ok met ded



073-28-9487-B

FEMALE EFFECTIVE DATE

IS ENTITLED TO HOSPITAL MEDICAL

(PART A) (PART B) 10-01-2001 10-01-2001

SIGN YERE