

Ketan D. Vora, DO, P.C

68-60 Austin St Suite 404

Forest Hills NY 11375

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(877)774-6337

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Date: 7/15/10

I, May Jean Mender hereby authorize Ketan D. Vora, PC
to use my signatures as signed below for the following documents:

1. NYS Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Consent to use and Disclosure of Health Information Form
5. Informed Consent Form
6. Fee Guarantee Agreement
7. HIPAA (OCA official Form NO. 960)



Please sign in the middle of the box with a black pen

NO FAULT INSURANCE INFORMATION

NAME OF PATIENT: MAYDEAN MENDEZ

DOB: 07/09/1978

ADDRESS: 10 YORKSHIRE COURT, NANUET, NY 10954

TELEPHONE: 914-441-9731

INSURANCE CARRIER: GEICO INSURANCE

POLICY HOLDER NAME: MAYDEAN MENDEZ

POLICY NUMBER: 4485388211

BILLING ADDRESS: PO BOX 9507, FREDERICKSBURG, VA 22403-9526

CLAIM NUMBER: 041 028 431 0101 022

DATE OF INJURY: 06/06/2022