

KV Medical of NY, PC

68-60 Austin St., STE 404

Forest Hills, NY 11375

Tel #: 1-877-SPINE-DR

Fax: (347) 708-8499

NF Forms

Date:

I, *Melva Perath*, hereby authorize KV Medical of NY, PC to use my signature as signed below for the following documents:

1. NY 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)

Melva Perath

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