

# **UK Sinha Physician, P.C.**

102-31 Jamaica Ave.  
Richmond Hill, NY 11418  
Ph: 718-480-1130 Fax: 718-480-1132  
usinhaorthopedics@gmail.com

---

Date: 5/26/2022

## **NF Forms**

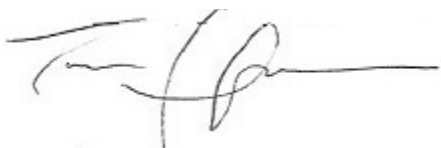
I, Tiara Haynes hereby authorize **UK Sinha Physician, P.C.**

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. Attorney Lien document
5. HIPAA (OCA official Form NO.: 960)

## **WC Forms**

1. Workers Compensation Insurance form
2. HIPAA (OCA official Form NO.: 960)

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'Tiara Haynes' written in a cursive, stylized script.

(Please sign within the box with black ink)