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: 6/21/22

NF Forms

I, JUSICE SUVS 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

July 2

2. HIPAA (OCA official Form NO.: 960)

(Please sign within the box with black ink)