

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

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Date: \_\_\_\_\_

**NF Forms**

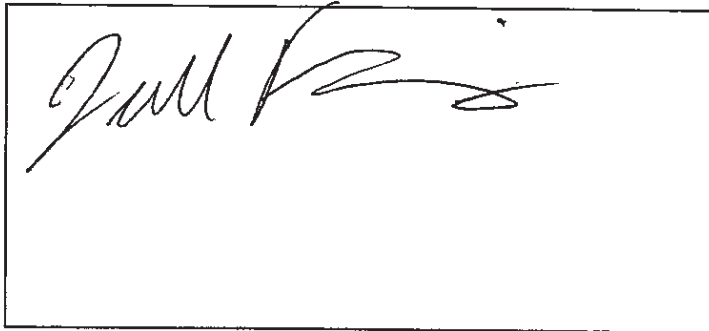
I, Jaquell Fleming hereby authorize **UK Sinha Physician, P.C.**

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)



(Please sign within the box with black ink)