



Figs Eye Clinic, P.C.
Specialist in Refractive Cataract and Laser Surgery
Leo D. Figs, D.O. Andrew Chen, M.D. Jeff Wilkinson, O.D.
*1410 Lakeside Court, Suite 103 * Yakima, WA 98902 * 509-453-2010 * Fax 509-225-6421*

If Medicare or a Medicare Replacement Plan is your primary or secondary insurance, please fill out the:

Medicare Lifetime Authorization

Patient's Name and Address: _____

Patient's Medicare ID or
Medicare Replacement plan ID: _____

Provider: Figs Eye Clinic, PC
1410 Lakeside Court # 103
Yakima, WA 98902

I request that payment under the medical insurance program be made either to me or to the provider named above on any bills for services furnished to me. I understand that this is a lifetime authorization and will remain effective until further notice in writing from the patient. I authorize the above named provider to release to the Social Security Administration or its intermediaries or carriers any information needed for this claim or any related Medicare claim. I further permit a copy of this authorization to be used in place of the original.

Date: _____ Patient's Signature: _____