

740 Veterans Memorial Highway, Suite 306, Hauppauge, New York 11788 P:(631) 650-7580 F:(631) 6507581

365 County Road 39A, Suite 11, Southampton, New York 11968 P:(631) 591-3992 F:(631) 591-0206

I hereby authorize my insurance benefits to be paid directly to Dr. Gabriel, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers. I also acknowledge that Dr. Gabriel and his practice does not participate with my insurance carrier and I am responsible for any outstanding balance that my medical care may incur.				Charge	
Patient signature:				Adjustment	
Nick Gabrie	<b>I, DO</b> :			Payment	
Payment method:				Balance due	
Cash	Check	Credit Card			

Sincerely,

Nick H. Gabriel, DO