

AUTHORIZATION OF PAYMENT

I Authorize direct payment to Batavia Neurological Services, P.C., Andrew C. Hilburger, M.D. any and all sums of money for services rendered. I understand that I am responsible to pay for any services not covered by my insurance policy. Further, I authorize my physician to release any information needed concerning me or my dependant's condition to the insurance company or others who are financially liable for my care.

Signature of Patient or Authorized Representative