Collin County Surgeons
4510 Medical Center Drive
Suite 214
McKinney, TX 75069
(214)592-9200

STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER

Name of Beneficiary: _____

Medicare Number: _____

I request that payment of authorized Medicare benefits be made either to me or on my behalf for any services furnished by Collin County Surgeons. I authorize Collin County Surgeons to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or benefits for related services.

Signature of Beneficiary: _____

Date: _____