JAMES C. RICKETTI, D.P.M.

GOLDEN CREST CORP. CENTER
2273 STATE HIGHWAY 33 • SUITE 204
HAMILTON SQUARE, NJ 08690-1747
Telephone 609-587-1674
Fax 609-587-2206

X _____
NAME OF BENEFICIARY

"I REQUEST THAT PAYMENT OF AUTHORIZED MEDICARE BENEFITS BE MADE EITHER TO ME OR ON MY BEHALF TO JAMES C. RICKETTI, D.P.M. FOR ANY SERVICES FURNISHED TO BE BY THAT PHYSICIAN. I AUTHORIZE ANY HOLDER OF MEDICAL INFORMATION ABOUT ME TO RELEASE TO THE HEALTH CARE FINANCING ADMINISTRATION AND ITS AGENTS ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS OR THE BENEFITS PAYABLE FOR RELATED SERVICES."

X _____ X _____
BENEFICIARY SIGNATURE DATE

I GIVE MY PERMISSION FOR DR. JAMES C. RICKETTI AND HIS STAFF TO CORRESPOND WITH MEDICARE ON MY BEHALF CONCERNING ANY AND ALL OF MY MEDICARE CLAIMS.

I GIVE PERMISSION TO MEDICARE TO SEND THE RESULTS OF ANY APPEAL OR RECONSIDERATION OF ANY OF MY BILLS TO DR. JAMES C. RICKETTI.

X _____
BENEFICIARY SIGNATURE

Medicare Patient's ONLY

DIPLOMATE OF THE AMERICAN BOARD OF PODIATRIC ORTHOPEDICS & PRIMARY PODIATRIC MEDICINE
FELLOW OF THE AMERICAN COLLEGE OF FOOT ORTHOPEDICS
FELLOW OF THE AMERICAN ACADEMY OF PODIATRIC SPORTS MEDICINE