



**Dermatology  
Affiliates  
Medical  
Group**

A Professional Corporation

**Medical, Surgical and  
Cosmetic Dermatology**

**Catherine A. Biren, M. D.**  
Diplomate American Board of Dermatology  
American Society for Dermatologic Surgery  
International Society for Dermatologic Surgery

**Donna L. Pryor, PA-C**

**MEDICARE AUTHORIZATION**

"I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE TO THE SOCIAL SECURITY ADMINISTRATION OR IT'S INTERMEDIARIES OR CARRIERS ANY INFORMATION NEEDED. FOR THIS OR A RELATED MEDICARE CLAIM. I PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN PLACE OF THE ORIGINAL".

\_\_\_\_\_  
(PRINT) LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
HEALTH INSURANCE CLAIM NUMBER (HIC)

**X** \_\_\_\_\_  
SIGNATURE

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