

Bryan R. Kolber, DPM  
New Paltz Podiatry  
243 Main Street, Suite 250  
New Paltz, NY 12561

**PAYMENT AUTHORIZATION**

I request that payment of authorized benefits be made on my behalf to Bryan R. Kolber, DPM for any podiatric services rendered to me. I authorize any holder of medical information about me to release to my insurance company and its agents any information needed to determine benefits or the benefits payable for related services.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date