Colette de Marneffe, Ph.D.
8720 Georgia Avenue, Suite 205
Silver Spring, MD 20910
301-891-2120

Medicare Insurance Form

Patient Name: _____

Date of Birth: _____ Medicare #:_____

Address: _____

Insured's Name: _____

Insured's Date of Birth: _____

Insured's Address: _____

If you have another health insurance plan, please provide plan name and policy number: _____

I, _____, authorize Dr. Colette de Marneffe to release to Medicare all treatment information necessary for insurance claim submission.

Signature: _____ Date:_____