

White Eagle Health & Wellness, Inc.

Patient's Signature on File for Medical Claims

-	Christopher Pietrzyk D.C.	MIDDLE INITIAL
-		
Лedicare b	LETTER	
Лedicare b		
Medicare b		
	enefits be made on my beh	alf to:
Eagle He	alth & Wellness, Inc.	
ts agents,	and/or other health insuran	ce carrier(s) an
ier process nces your i ices. Pleas o the patier	ses your claim, White Eagle insurance carrier requires y se contact your insurance ca nt responsibility to inform	e Health & ou to pay, such arrier for any White Eagle
	Date:	
	any holder ts agents, its or the b rance clair ier process nces your ices. Pleas to the patier	any holder of medical or other inform ts agents, and/or other health insurant its or the benefits payable for related rance claim for you to the insurance of ier processes your claim, White Eagle nees your insurance carrier requires y ices. Please contact your insurance can to the patient responsibility to inform the White Eagle Health & Wellness, Inc.