



Daniel I Newman, M.D., N.D., M.S.O.M.

8301 NE Hazel Dell Ave.
P.O.B. 65759
Vancouver, WA 98665

TEL 360-696-3800
FAX 360-696-0906
www.rising-health.com

INSURANCE BILLING AUTHORIZATION

By signing this authorization, I authorize Dr. Daniel Newman to use and/or disclose certain protected health information, (PHI) about me to or for the party or parties listed below. This authorization permits Dr. Newman to use or disclose to QMBS, Quality Medical Billing Services the following individually identifiable health information: dates of service, services and treatments rendered, and diagnoses.

Catherine Holmes
Quality Medical Billing Services
1404 SE 151st Ave.
Portland, OR 97233

I have the right to revoke this authorization in writing except to the extent that Dr. Newman has acted in reliance upon this authorization. My written revocation must be submitted to Dr. Newman's Privacy Officer at 8301 NE Hazel Dell Ave, P. O. Box 65759, Vancouver, WA 98665.

Signature of Patient or Legal Guardian

Relationship to Patient

Patient's Name

Date

Print Name of Patient or Legal Guardian