



Dr. June M Shell

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18 Sioux St
Old Bridge, NJ 08857
(732)607-0842

AUTHORIZATION

For good and valuable consideration, I _____,
do hereby designate, authorize, and convey to June M. Shell, DC to the full extent permissible
under law and under any applicable insurance policy and/or employee health care benefit plan: a)
the right and ability to act on my behalf in connection with any claim, right or choice in action
that I may have under such insurance policy and/or any employee health care benefit plan; and b)
the right and ability to act on my behalf to pursue such claim, right or choice in action in
connection with said insurance policy and/or employee health care benefit plan (including but
not limited to, the right to act on my behalf in respect to an employee health care benefit plan
governed by the provisions of the Employee Retirement Income Security Act of 1974 as
provided in 29 CFR 2560.503-1(b)(4) with respect to any medical or other health care expense
incurred as a result of the services I received for the above named doctor and, to the extent
permissible under the law, to claim on my behalf, such medical or other health care service
benefits, insurance or health care benefit plan reimbursement and any other applicable remedy.

I have also read the NOTICE OF INFORMATION PRACTICES describing how my information
may be used and disclosed. (Copies are available upon request.)

Patient's Signature

Date