

Date: \_\_\_\_\_ (Must be within 30 days of receipt)

\_\_\_\_\_ (Company) hereby authorizes \_\_\_\_\_ (Third-Party Billing Company)

to perform services on our behalf.

**The following users are authorized to the listed NPIS/PTANS below:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**The above services will perform for the Facility listed below:**

| FACILITY NAME | NPI | PTAN |
|---------------|-----|------|
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\_\_\_\_\_  
Signature of Authorized Official  
(Must be someone from the facility not the billing service)

\_\_\_\_\_  
Authorized Official Title