

**Dennis I Maehara M.D., Inc.
Jeffrey R. Maehara M.D.
1441 Kapiolani Blvd Suite #1419
Honolulu, HI 96814**

I authorize the release of any medical information necessary to process this claim. I also request payment of government benefits or insurance benefits on services and drugs to the party who accepts assignment.

Signed _____

Date _____