HAND SURGERY
of Northern Michigan

SURGERY OF THE WRIST AND HAND

Mark S. Leslie, M.D. | Paul A. Jacobson, M.D. | Danielle A. Conaway, M.D.

LIABILITY AUTHORIZATION

This will acknowledge that *(patient)* _____

sustained an injury at _____

on (date) _____/_____/_____.
mo. day yr.

Please send a copy of all charges* related to this injury to:

Claim #_____

Adjustor Name _____ Phone _____

**The charges incurred from this injury will remain the patient's responsibility. The patient will receive monthly statements until our fees are paid in full.*

701 W. Front Street, Ste. 100
Traverse City, Michigan 49684
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