

THE HOUSE OF THE GOOD SHEPHERD

MAIL AUTHORIZATION

____ I authorize business office personnel of the House of the Good Shepherd to open and respond to my mail related to Medicare, Medicaid and other insurance as it pertains to payment for medical services received while a resident at the House of the Good Shepherd.

____ I request that all of my business mail be forwarded to:

Signature of Resident/Resident Representative _____

Date _____

Witness _____