sam's club

PHYSICIAN AUTHORIZATION FORM TO CONFIRM AN ACTIVE PATIENTPERSUENT TO 45 CFR 164.508

PROVIDER/PHYSICIAN/FACILITV INFORMATION

Name: Dr. Dinesh Jain, MD	NPI: 1255330361
Practice Address: 17148 Harlem Ave Tinley Park, IL 60477	

PATIENT'S DIRECTORY INFORMATION

Name: Iva Brooks	Birth Date: 6/16/1937
Member ID: 984562944	Phone: 7088701853
Address: 1350 Ring Rd Apt 904 Calumet City IL 60409	

FOR PROVIDER'S USE ONLY

I confirm that:

- This patient is or was under my care at this office.
- If the patient has changed or switched to another Provider, please mention below

I undersigned: Confirm that the above patient is / was under my care. I confirm that thig information is correct

Physician OR FNP Signature: _____

Date: 5/6/2026

Fax Back Form To: (346) 345 - 2633
Phone: (281) 822 - 1030