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## STANDARD SIGNATURE ON FILE FORM

Name of Patient: \_\_\_\_\_

Medicare #: \_\_\_\_\_

Once the patient's signature has been obtained, all Medicare Part B claims may be submitted without obtaining any additional signatures from the patient. When submitting your claim(s), indicate "Signature on File" or "SOF" in block 13.

Patient's signature: \_\_\_\_\_

Date: \_\_\_\_\_