



*"One is not born a man, he becomes one."*

**Black Transmen, Inc. Authorization Letter  
to Contact Physician/Surgeon**

I \_\_\_\_\_ give Black Transmen Inc. permission to speak with my surgeon, Dr. \_\_\_\_\_. If eligible, BTMI will assist with remitting payment for medical services provided to me in the amount of \$\_\_\_\_\_ for my surgical procedure.

Doctor's office representative signature \_\_\_\_\_

Doctor's office representative printed name \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Applicant signature \_\_\_\_\_