



PATIENT ASSIGNMENT AND RELEASE OF INFORMATION

PATIENT NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PLEASE SIGN IN ALL APPLICABLE PLACES

ASSIGNMENT AND RELEASE OF INFORMATION FOR PATIENTS ENTITLED TO MEDICARE

I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment to us.

C _____

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize payment of benefits directly to the above named organization, having treated me, to release to government agencies, insurance carriers, or others who are financially responsible for my hospitalization and medical care, all information needed to substantiate payment for such hospitalization and medical care and to permit representative thereof to examine and make copies of all records relating to such care and treatment.

C _____

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

DATE

ASSIGNMENT OF BENEFITS

I hereby assign, transfer, and set over to the above named organization sufficient monies and/or benefits to which I may be entitled from government agencies, insurance carriers, or others who are financially liable for my hospitalization and medical care to cover the cost of the care and treatments rendered to myself or my dependent. However, if payment is not received or there are monies applied to deductible or coinsurance, the balance will be the responsibility of the patient.

C _____

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

DATE