

Shore Endocrinology Associates LLC.

Svetlana Fomin, M.D.

MEDICARE AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN

I request that the payment of authorized Medicare benefits to be made either to me or on my behalf to Svetlana Fomin, M.D. for any services furnished to me by that physician/supplier. I authorize any holder of medical information about me, to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If "other health insurance" (item 9) is completed/indicated on the HCFA-1500 form, or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier.

Beneficiary Signature

Date:

ASSIGNMENT BENEFITS • FINANCIAL AGREEMENT

I hereby give authorization for payment of insurance benefits to be made directly to Shore Endocrinology Associates, and any assisting physicians, for services rendered. I understand that I am financially responsible for all charges whether or not they are covered by insurance. In the event of default, I agree to pay all costs of collection, and reasonable attorney's fees. I hereby authorize this healthcare provider to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

Beneficiary Signature

Date:

Method of Payment: Cash Check Credit Card

Although the staff tries to stay abreast of all insurance information, it is the patient's responsibility to know their insurance benefits and to know if they need a referral or pre-certification.