

Dear Patient:

Medicare forms can be sent to your insurance, automatically, if you sign the authorization below.

**Statement to Permit Physician to File Medicare for Patient
Without Signing Medical Form Each Time**

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of information to any insurance company that might be needed, to process my insurance for services rendered. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for covered Medicare services to the physician if he wishes to accept the assignment.

I request that payment under the medical insurance company be made either to me or Kemmler Orthopaedic Center on any bills for services furnished to me.

I understand a copy of my signature must be kept in the doctor's files and may be examined on request by my Medicare carrier.

I also, authorize Kemmler Orthopaedic Center to file any other insurance for me, said assignment to be in effect until revoked by me in writing.

SIGNATURE OF PATIENT

WITNESS

DATE

MEDICARE NUMBER