

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 give 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 assignments to be in effect until revoked by me in writing.

SIGNATURE OF PATIENT

WITNESS

DATE

MEDICARE NUMBER