

Bruce C. Meyers, DPM
969 Oakwood Drive Rochester, MI 48307
(248) 652-8050

INSURANCE ASSIGNED CLAIM AUTHORIZATION

I request that payment of authorized Insurance benefits be made either to me or on my behalf to Dr. Bruce C. Meyers, DPM, for any services furnished to me by that physician. I authorize any holder of medical information about me to release to my health insurance carrier 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 item 9 of the HCFA 1500 claim form is completed, my signature authorizes release of needed information.

In Medicare assigned cases, the physician 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 noncovered services. Coinsurance and the deductible as based upon the charge determination of the Medicare carrier.

X _____
(Patient or Legal Guardian Signature) (Date)

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PATIENTS HAVING X-RAYS IN THIS OFFICE

We occasionally receive requests from patients to forward x-rays taken in this office to another doctor, or the patient wishes the x-rays for himself.

Please be advised that these x-rays are original records, and will remain with this office. X-ray films belong to the institution taking those x-rays and not to the patient. Because of the difficulty in retrieving records once they leave the office, we are able to provide copies of your x-rays which you may keep at your expense.

Should another physician desire to see the original x-rays, he may do so with your written permission. He may visualize these x-rays in our office during normal working hours or meet with us at a mutually convenient location to view the x-rays.

Should you have any questions regarding this policy, please feel free to discuss this matter with our office staff. Thank you for your cooperation.

X Initial: _____

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PATIENT ACCOUNT BALANCE

Billing statements are sent monthly. A service charge of \$4.00 will be added to each statement if two or more statements are sent with no activity.

X Initial: _____