

January 1, 2021

ATTENTION ALL MEDICARE PATIENTS

Each year we update our insurance files to verify accuracy to help ensure the best processes to submit your claims. This year we will also be updating our files by asking you to sign (or re-sign) the standard authorization which allows us to bill Medicare on your behalf each time you receive a Medicare covered service at Wall Family Medical Center / Howell Family Medical/ Partners In Freedom LLC. When you complete this form, we can bill Medicare directly, receive Medicare's portion of the reimbursement, and then bill you for the uncovered services and any balance for which you are directly responsible according to Medicare rules and regulations.

<p>_____</p> <p>Name of Beneficiary/Member (Print name as it appears on your card)</p>		<p>_____</p> <p>Medicare ID Number</p>	
		<p>_____</p> <p>Patient SS Number</p>	
<p>"I request that payment of authorized Medicare benefits be made either to me or on my behalf to Partners In Freedom, or any of its individual physician members or any services furnished to me by Partners In Freedom, or any of its individual providers. 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 payable for related services."</p>			
<p>_____</p> <p>Medicare Patient Signature</p>		<p>_____</p> <p>Date (Must Complete)</p>	
<p>"I request that payment of authorized Medigap benefits be made either to me or on my behalf to Partners in Freedom, or any of its individual physician members for any services provided to me by Partners In Freedom, or any of its individual physician providers. I authorize any holder of medical information about me to release to my Medigap Insurer (named below) any information needed to determine these benefits payable for related services."</p>			
<p>_____</p> <p>Medicare Patient Signature</p>		<p>_____</p> <p>Medicare ID Number</p>	
<p>Name Medigap Insurance: _____</p>		<p>_____</p> <p>Date (Must Complete)</p>	
<p>Medigap Policy Number: _____</p>			
<p>Person Holding Medigap Insurance _____</p>			