



ASSIGNMENT OF BENEFITS

Patient's Name

Subscriber # _____

Insurance and/or Medi-Gap/Medicare Supplemental Insurance Lifetime Assignment of Benefits:

I, the undersigned, have Insurance coverage and assign directly to El Paso Pulmonary Association, all medical benefit payments on my behalf. I hereby authorize release of medical information necessary to secure benefit payments. I authorize the use of the signature on all insurance submissions whether manual or electronic. This assignment is in effect until revoked by me in writing.

Patient's or Representative's Signature

Date

Medicare Authorization/Assignment of Benefits:

I request that payment of authorized Medicare benefits be made to or on my behalf to El Paso Pulmonary Association for any services furnished to me by one of its providers. I authorize any holder of information about me to the Centers for Medicare/Medicaid Services 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" indicated on item 9 of the CMS-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, co-insurance and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier.

Patient's or Representative's Signature

Date

Querido paciente :

Los párrafos a la izquierda son necesarios para autorizarnos a enviar información para el reclamo de su seguro y obtener beneficios y el pago directo a El Paso Pulmonary Association y se proporcionan en inglés porque ese es el requerimiento de Medicare/Medicaid y su seguro médico. Si tiene alguna pregunta o necesita traducción completa, favor de preguntar en recepción.

Favor de firmar.