ROBERT E. MILLER M.D., F.A.A.P., P.A. PEDIATRIC MEDICINE FOR INFANTS, CHILDREN AND ADOLESCENTS

TAX I.D. # 52-1237896

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11315 Pembrooke Square Suite 110 Waldorf, MD 20603-4806 (301) 645-6165 (301) 843-6996

ROBERT E. MILLER M.D., F.A.A.P., P.A.

TAX I.D. # 52-1237896

23000 Moakley Street Suite 202 Leonardtown, MD 20650-2916 (301) 475-7222 (301) 475-7223

Information for "Patient's Authorization"

I, _______, hereby authorize Robert E. Miller, M.D., F.A.A.P., P.A., to apply for benefits on my behalf for covered services rendered. I request payment from BC/BS of the National Capital Area, Blue Shield of MD, Medicare and/or

_____ (other insurance company name) be made directly to the above named Practice (or in case of Medicare Part B benefits, to myself or to the party who accepts assignment.)

I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information for this or any related claim, to BC/BS of the National Capital Area, the above named billed agent, BS of Maryland (or in the case of Medicare Part B benefits, to the Social Security Administration

and Health Care Financing Administration) and/or

(other insurance company name). I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by me or above named carrier at any time in writing.

Acknowledgment of Receipt of Privacy Notice

I have been presented with a copy of this provider's Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the notice, and subject to the following restriction(s) concerning my personal medical information and I agree to the disclosures named in the notice.

Signature of Subscriber or Beneficiary

ID #

Date