MID LAKE
FOOT AND ANKLE
Breanna J. Ferguson, DPM, AACFAS
870 S. Duncan Drive, Tavares, FL 32778 · P: (352) 432-8434 · F: (352) 609-8080

Lifetime Medicare Authorization

Patient Name: _____

Patient Medicare Number: _____

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Breanna J. Ferguson, DPM for any services furnished to me by Breanna J. Ferguson, DPM. I authorize any holder of medical information about me to release to the Healthcare Finance Administration and its agents any information needed to determine these benefits.

I understand my signature requests that payment be made and authorize the release of medical information necessary to pay the claim. 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 for the deductible and coinsurance and noncovered services. On assigned Medicare cases the Medicare benefits will be sent directly to Breanna J. Ferguson, DPM.

_____ _____

Patient/Guardian Signature Date

Lifetime Authorization For:

Commercial Insurance – Medicare Supplements – Champus

Patient Name: _____

Name of Insurance Company: _____

Effective Date: _____

I request that payment of authorized insurance benefits be made either to me or on my behalf to Breanna J. Ferguson, DPM, for any services furnished to me by Breanna J. Ferguson, DPM. I authorize any holder of medical information about me to release to my insurance company and its agents any information needed to determine these benefits.

I understand my signature requests that payment be made and authorizes the release of medical information necessary to pay the claim. If payment has been made by me for this claim benefits should be sent to me; but medical information necessary to process this claim may be released to my insurance agency.

_____ _____

Patient/Guardian Signature Date