

MEDICARE PATIENTS ONLY

AUTHORIZATION

I REQUEST THAT PAYMENT OF AUTHORIZED MEDICARE BENEFITS BE MADE EITHER TO ME OR ON MY BEHALF TO DFW FOOT AND ANKLE, P.A. FOR ANY SERVICES FURNISHED TO ME BY THE PHYSICIAN(S), ASSOCIATE(S) AND/OR ASSISTANT(S). I AUTHORIZE ANY HOLDER OF MEDICAL INFORMATION CONCERNING ME TO RELEASE TO THE HEALTH CARE FINANCING ADMINISTRATION 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" IS INDICATED IN ITEM 9 OF THE HCFA-1500 FORM, OR ELSEWHERE ON OTHER APPROVED CLAIMS 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. CO-INSURANCE AND THE DEDUCTIBLE ARE BASED UPON THE CHARGE DETERMINATION OF THE MEDICARE CARRIER.

As a Medicare physician/surgeon, I accept assignment of fees by Medicare for your treatment. This means that the fee set or "assigned" by Medicare will be significantly less than the standard fee that will be presented on the Estimate of Charges sheet. Medicare will pay approximately 80% of the fee they have assigned to your treatment. This does not mean that your bill is paid. The patient is responsible for the remaining:

- **Annual Medicare deductible charge of \$135.00 (YEAR 2008)**
- 20% of the assigned fee not paid by Medicare
- Services, procedures or supplies not covered by Medicare

Our office will file your claim with Medicare. We will not file your claim with your supplementary insurance. Therefore, if Medicare does not automatically forward the claim to your supplemental insurance carrier, you will be billed the balance and required to seek reimbursement from that supplemental insurance carrier.

MEDICARE DOES NOT PAY FOR WHAT IS DEEMED "ROUTINE FOOT CARE". OUR FEE FOR THIS SERVICE IS \$55.00, WHICH YOU WILL BE REQUIRED TO PAY ON THE DATE OF SERVICE.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE CONTENTS THEREIN.

DATE: _____

SIGNATURE OF BENEFICIARY AND/OR
LEGAL GUARDIAN