

Medicare / Insurance Lifetime Assignment of Benefits

I request that payment of authorized Medicare or other insurance benefits be made on my behalf to Advanced Surgery of Idaho for any services furnished to me by its providers. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine benefits or the benefits payable for related services. This authorization is in effect until I choose to revoke it.

I understand and agree that any unpaid balance is my financial responsibility. If I fail to pay for services for which I am responsible, after such default and upon referral to a billing service or collection agency by Advanced Surgery of Idaho, I will be responsible for all costs of collecting monies owed, including court costs, and collection agency fees.

My signature below reflects my acceptance of, and consent to, the information disclosed above.

** SIGNATURE: _____

DATE: _____

WITNESS: _____

CONSENT TO THE USE AND DISCLOSURE OF PROTECTED HEALTH CARE INFORMATION (PHI) FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

- As part of my health care, Advanced Surgery of Idaho originates and maintains health records describing my health history, symptoms, examinations, diagnoses and treatment.
- The use and disclosure of my protected health information by Advanced Surgery of Idaho is necessary in order to provide me medical care, to obtain payment for my treatment and to carry out the practice's health care operations.
- I have the option to receive a copy of Advanced Surgery of Idaho's Notice of Privacy Practices which provide a more complete description of the use and disclosure of my health information and that I have the right to review that Notice prior to signing this consent. I also understand that Advanced Surgery of Idaho reserves the right to change the Notice and its privacy practices at any time and that if I request, Advanced Surgery of Idaho will mail me a copy of any revised Notice prior to its implementation.

I have read and understand the foregoing notice:

** SIGNATURE: _____

DATE: _____

WITNESS: _____