



WILDWOOD FAMILY CLINIC, S.C

“HEALTHCARE FOR ALL AGES”

Patient’s Name _____ Patient Number _____

INSURANCE / SELF PAY AUTHORIZATION

CHECK ANY/ALL THAT APPLY

Signing this form: 1) grants us permission to bill your insurance carrier.
2) acknowledges your financial responsibility.

- MEDICARE LIFETIME AUTHORIZATION**

_____ (Medicare Number)

I request that payment of authorized Medicare Benefits for services furnished by Wildwood Family Clinic, S.C including physician services, be paid on my behalf directly to Wildwood Family Clinic, S.C. I authorize any holder of medical information or other information about me to release to the Centers for Medicare and Medical Services (CMS) and its agents any information needed to determine Medicare benefits for medical Services rendered to me.

- ASSIGNMENT OF MEDIGAP BENEFITS**

_____ (Policy Number)

_____ (Name of Medigap Payor)

I authorize the release of information by Wildwood Family Clinic, S.C to the extent that disclosure of my medical records is necessary for billing, collection or payment of claims. I assign benefits to Wildwood Family Clinic, S.C for charges incurred by eligible persons covered under my current plan. Reimbursement is subject to eligibility and plan limitations.

- COMMERCIAL INSURANCE ASSIGNMENT OF BENEFITS / SELF PAY AUTHORIZATION**

I authorize the release of information by Wildwood Family Clinic, S.C. to the extent that disclosure of my medical records is necessary for billing, collection or payment of claims. I assign benefits to Wildwood Family Clinic, S.C for charges incurred by eligible persons covered under my current, subsequent and/or new insurance plan. Reimbursement is subject to eligibility and plan limitations. I understand that my insurance is billed as a courtesy in the absence of participating provider agreement.

I acknowledge that I am financially responsible for charges not covered by insurance and/or charges in the absence of insurance coverage.

Patient/Guardian Signature

Date

If the patient is less than 18 years of age, the parent or guardian should sign this form