

RHEUMATOLOGY ASSOCIATES will submit all services to MEDICARE. Any service that MEDICARE does not cover will be the responsibility of the patient, including any amounts applied to yearly deductibles, co-insurance, or non-covered services. Medicare covers only one visit per week, per condition.

FEDERAL MEDICARE PAYMENTS:

I REQUEST THAT PAYMENT OF AUTHORIZED MEDICARE BENEFITS BE MADE TO RHEUMATOLOGY ASSOCIATES ON MY BEHALF FOR ANY SERVICES RENDERED TO ME BY THEM INCLUDING PHYSICAINS SERVICES. I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO BE RELEASED TO THE HEALTH CARE FINANCING ADMINISTRATION AND ITS AGENTS IF REQUESTED, AND ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS OR BENEFITS FOR RELATED SERVICES. I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO VERIFY MEDICARE BENEFIT ELIGIBILITY TO RI MEDICAL SERVICES SHOULD SUCH VERIFICATION BE NECESSARY FOR PAYMENT OF CLAIMS.

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SIGNATURE OF SUBSCRIBER OR BENEFICIARY

DATE \_\_\_\_\_

\_\_\_\_\_  
MEDICARE IDENTIFICATION NUMBER