

RUSTAD DERMATOLOGY PC
Troy Rustad MD – Elliott Rustad MD

Assignment Of Benefits

All Insurance Except Medicare

I authorize my insurance company to pay benefits on my behalf directly to Rustad Dermatology PC. I authorize Rustad Dermatology PC to provide to my insurance company, any information necessary to process claims for services rendered to me.

Patient or Legal Guardian Signature

Date

Medicare

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carrier any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to either myself or the party who accepts assignment. Regulations pertaining Medicare assignment of benefits apply.

Patient or Legal Guardian Signature

Date

Medigap / Medicare Supplement

If you have a supplemental policy and it is a Medigap policy to which-your Medicare carrier automatically "crosses over", we are required to keep a separate signature on file:

I authorize Medigap benefits be made on my behalf for any services furnished to me. I authorize any holder of medical information to release my Medigap carrier any information needed to determine these benefits of the benefits payable for related services.

Patient or Legal Guardian Signature

Date

YES NO Do you or your spouse work in a company which has more than 20 employees and have insurance coverage through that job?

YES NO Are you covered by any other insurance that makes Medicare secondary?