



Liliana Montoya, MD *American Board of Psychiatry & Neurology*

George Li, MD *American Board of Psychiatry & Neurology*
American Board of Electrodiagnostic Medicine

Lynn Stengel, ARNP

Authorization and Assignment: I assign payment to Neurology, P.A. for any medical benefits due to me for rendered services.

Payment Agreement: Payment for a non-covered service, deductible and co-pay is expected at the time of service. If payment is made by check or like instrument drawn on a bank or other depository institute and such instrument is returned as non-sufficient funds, a \$50.00 returned check fee will be added onto the appropriate account. Should your account be sent to a Collection Agency, a fee of 30% maybe added to you bill to cover the Agency fee.

Release of Medical Records: I authorize the release of medical or other information that may be necessary to request claim reimbursement from my insurance carrier(s). Neurology, P.A. is also authorized to release to the Centers for Medicare and Medicaid Services (CMS) and its agents any information needed to determine benefits for related services.

Medicare Authorization: I request that payment of authorized Medicare benefits be made on my behalf to Neurology, P.A. for any service furnished to me at or billed through Neurology, P.A.

Medigap Authorization: Medigap is a privately offered Medicare supplemental health insurance plan. In the event that I have a Medigap Medicare supplemental plan, I request that payment of authorized Medigap benefits be made on my behalf to Neurology, P.A. for rendered services. I authorize any holder of medical information about me to release to my Medigap insured any information needed to determine these benefits or the benefits payable for related services. I understand that I do not need to provide my supplemental insurer with information concerning this Medicare claim, because my signing this authorization will cause Medicare payment to cross over automatically. This assignment will remain in effect until revoked by me in writing.

A photocopy of this assignment is to be considered as valid as the original.

I have read the above information and understand it.

Guarantor's signature

MM DD YYYY

Date

Witness

MM DD YYYY

Date