

MEDICARE ASSIGNMENT

Patient's Name: _____

Medicare #: _____

I request that payment of authorized Medicare benefits be made to me or on my behalf of Primera Foot and Ankle Centers, (A. Louis Jimenez, D.P.M., P.C.), for any services furnished to me by their group.

I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine benefits payable for related services.

I understand that covered Medicare charges have a copayment, which is 20% of the approved charges. I agree to pay Primera Foot and Ankle Centers for this copayment and seek reimbursement from any supplemental insurance I have on my own. Primera Foot and Ankle Centers will file all covered charges incurred with Medicare and if any overpayment has been made, Primera Foot and Ankle Centers will refund this money to me.

I understand that some services/supplies (DME) are considered non-covered by Medicare and I agree to pay for these services/supplies in full at the time of service. I understand that these non-covered items will not be filed through Medicare and/or my secondary insurance. I also understand that most secondary insurance companies will not reimburse me for charges which Medicare has denied.

If it is necessary to cancel your appointment, please do so 24 hours prior to your appointment or your account may be assessed a \$25.00 no-show fee.

This authorization is in effect until I choose to revoke it.

Signed: _____

Date: _____

If you are a patient in a hospital or skilled nursing facility, this authorization is in effect for a period of your confinement.

Perimeter
1150 Hammond Drive
Building E, Suite 520
Atlanta, GA 30328
678-395-3628 (phone)
678-691-5164 (fax)

Snellville
2220 Wisteria Drive
Suite 202
Snellville, GA 30078
770-979-0900 (phone)
770-979-2852 (fax)

Johns Creek
6610 McGinnis Ferry Rd
Suite 200
Duluth, GA 30097
770-497-1017 (phone)
770-497-1018 (fax)

Surgery Center
PO Box 527
2175 North Road
Snellville, GA 300788
678-514-0590 (phone)
678-514-3101 (fax)