Name:
Chart:
Date:

WILMINGTON SURGICAL ASSOCIATES, P.A.

GENERAL, THORACIC, ENDOVASCULAR, LAPAROSCOPIC AND ONCOLOGIC SURGERY
ELLIS A. TINSLEY, JR., M.D., F.A.C.S. • MARK E. MEDLEY, M.D., F.A.C.S.
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1414 MEDICAL CENTER DRIVE • WILMINGTON, NC 28401-7505 • TELEPHONE 910/763.7363 • FACSIMILE 910/251.8296

MEDICARE PATIENT AUTHORIZATION

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 carriers any information needed for this or a related medical claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits, either to myself or to the party who accepts the assignment. I understand it is mandatory to notify the health care provider of any other party who may be responsible for paying for my treatment (Section 1128B of the Social Security Act and 31 U.S.C. 3801-3812 provides penalties for withholding this information.) Regulations pertaining to Medicare assignment of benefits also apply.

Signature:_____

Date: _____

MEDICARE/MEDIGAP/OTHER INSURANCE AUTHORIZATION

I request that payment of authorized Medicare/Medigap/other insurance company benefits be made either to me or on my behalf to **WILMINGTON SURGICAL ASSOCIATES, PA.** for any services furnished to me by the party/physician who accepts assignment. I understand it is mandatory to notify the health care provider of any other party who may be responsible for paying for my treatment. (Section 1128B of the Social Security Act and 31 U.S.C. 3801-3812 provides penalties for withholding this information.) Regulations pertaining to Medicare assignment of benefit apply.

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 or any other insurance company or a related Medigap claim. I permit a copy of this authorization to be used in place of the original.

Signature:_____

Date: _____