



## Advanced Heart and Vascular Medicine

Diagnostic and Interventional Cardiology  
1631 11th St, Suite A, Wichita Falls, TX 76301  
(Office) 940-263-3003 (Fax) 940-263-3009

### Medicare Authorization/Assignment of Benefits

I request that payment of authorized Medicare benefits be made to or on behalf to **Advanced Heart and Vascular Medicine**, for any services furnished to me by one of its providers.

I authorize any holder of information about me to the Centers for Medicare/ Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.

I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If "other health insurance" is indicated in item 9 of the CMS-1500 form, or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown.

In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, co-insurance, and non-covered services.

Co-insurance and the deductible are based upon the charge determination of the Medicare carrier.

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Patient's Printed Name

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SSN or Medicare Number

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Patient's or Representative's Signature

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Date