



REDWOOD RENAL
ASSOCIATES

2505 Lucas Street • Eureka, CA 95501 • Tel 707.444.2534 • Fax 707.441.0344
www.RedwoodRenal.com

Authorization to Bill Medicare on your Behalf

Name of beneficiary (Patient):	HIC Number:
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I request that payment of authorized Medicare benefits be made either to me or on my behalf to Allen S. Mathew M.D. of Redwood Renal Associates for any services furnished me by Redwood Renal Associates. I authorize any holder of medical information about me to release to the Health Care Financing Administration and it's agents, any information needed to determine these benefits payable to related services.

I understand my signature requests that payment be made, and authorize release of medical information necessary to pay the claim. If other health insurance coverage is indicated in Item 9 of the HCFA-1500 claim form or elsewhere on the 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, Redwood Renal Associates agrees to accept the charge determination of the Medicare Carrier as the full charge, and the patient is responsible only for the deductible, coinsurance and non-covered services. Coinsurance and deductible are based upon the full charge determination of the Medicare carrier.

Signature

Date