GrandRapidsENT
ear • nose • throat

MEDICARE AUTHORIZATION:

Medicare Part B pays only for services that are determined to be reasonable and necessary. If a particular service is not reasonable and necessary under Medicare standards, although it would otherwise be covered, Medicare Part B denies payment for that service. I request that payment of authorized Medicare benefits be made either/or on my behalf for any services furnished to me by Grand Rapids Ear, Nose, and Throat, P.C. I authorize any holder of medical or other information about me, to release to the Health Care Financing Administration and its agents, any information needed to determine these benefits or benefits for related services.

Date: _____ Signature:_____

Grand Rapids Ear, Nose and Throat, P.C.

HIPAA Acknowledgement Signatures

I acknowledge that I have been offered the Notice of Privacy Practices of Grand Rapids Ear, Nose and Throat, P.C. and understand that a copy of this plan is available to me. I further acknowledge that I have had an opportunity to ask questions about this policy.

Patient_____ DOB_____

_____ Date _____

Patient or Personal Representative Signature

_____

Patient or Personal Representative Print