OrthoArizona
Canyon Orthopaedic Surgeons

[Printed] Patient Name: _____

RECORDS RELEASE AND ASSIGNMENT OF BENEFITS

I hereby authorize OrthoArizona, division Canyon Orthopaedic Surgeons, to release records pertaining to my treatment to my insurance company and other third parties responsible for payment of my medical charges, including reviewing activities related to my physician's participation with my health plan.

I hereby authorize photocopies of this authorization and my signature to be as valid as the original.

I hereby authorize payment of medical benefits for the services described on the claim attached/submitted, otherwise payable to me under the terms of my insurance, to be paid directly to OrthoArizona, division Canyon Orthopaedic Surgeons.

If eligibility of insurance cannot be verified, or if the deductible has not been met, I understand that I will be responsible for the cost of all medical services rendered.

_____ _____

Signature of Patient Date

_____ _____

Signature of Legal Representative Relationship to Patient

MEDICARE ONLY RECORDS RELEASE AND ASSIGNMENT OF BENEFITS

I request that payment of authorized Medicare benefits, on my behalf, be paid directly to OrthoArizona, division Canyon Orthopaedic Surgeons, for any services furnished to me by the physicians of OrthoArizona, division Canyon Orthopaedic Surgeons.

I authorize the release of medical information pertaining to me to the Health Care Financing Administration and its agents, and the release of any other information deemed necessary, to determine the benefits payable to related services.

I hereby authorize photocopies of this authorization and my signature to be as valid as the original.

If eligibility of coverage cannot be verified, or if the deductible has not been met, I understand that I will be responsible for the cost of all medical services rendered.

_____ _____

Signature of Patient Date

_____ _____

Signature of Legal Representative Relationship to Patient

10450 W. McDowell Rd, Ste 102 * Avondale, AZ 85392-4802 * (623) 846-7614 * FAX (623) 846-0993

6760 W. Thunderbird Road, Ste #E-110 * Peoria, AZ 85381-5048 * (623) 846-7614 * FAX (623) 846-0419

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