

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Retina Orange County, Inc. for any services furnished me by that physician or Retina Orange County, Inc. I authorize any holder of medical information about me released to the Center for Medicare and Medicaid Services and its agents any information needed to determine these benefits payable to 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 coverage is indicated in item 9 of the CMS 1500 claim form or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes release of the information to the insurer or agency shown. In Medicare assigned cases, the physician or Retina Orange County, Inc. 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 noncovered services. Coinsurance and deductible are based upon the charge determination of the Medicare carrier.