Webster ORTHO NOW
URGENT CARE FOR BREAKS, ACHES AND SPRAINS

Patients Name_____

MEDICARE PATIENTS ONLY

LIFETIME BENEFICIARY AUTHORIZATION

I request payment of authorized Medicare benefits be made either to me or on my behalf to Webster Orthopedics for any service furnished me by that physician/supplier. I authorize any holder of medical information about me to release to the Health Care Financing administration and its agents any information needed to determine these benefits payable to related service.

I understand my signature requests that payment be made and authorize release of medical information necessary to pay the claim. If item 9 of the HCFA-1500 claim form is completed, 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, coinsurance, and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier.

MRI Disclosure:
Certain diagnostic tests such as MRI include both a professional component (representing the physician's interpretation of the test) and a technical component (representing the test itself). Webster Orthopedics shall bill Medicare Part B directly for the technical component of diagnostic services while the Radiologist, California Advanced Imaging, bills Medicare for the professional component. You may receive additional correspondence from California Advanced Imaging in the form of an explaination of benefits (EOB) or other document.

Authorization to Obtain Medication History

By signing below, I hereby authorize Webster Orthopedics to obtain Medication History related to the patient above, from Community Pharmacies and /or Pharmacy Benefit Managers for the purpose of Continued Treatment.

Date:_____

Patient/Legal Representative or Parent/Legal Guardian Print Name_____

Patient/Legal Representative or Parent/Legal Guardian Signature_____