

ASSIGNMENTS OF BENEFITS

ALL INSURANCE EXCEPT MEDICARE

I authorize my insurance company to pay benefits on my behalf directly to Delta Dermatology. I authorize Delta Dermatology to provide to my insurance company, any information necessary to process claims for services rendered to me.

Signature as it appears on your insurance card

Date

MEDICARE

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carrier any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or the party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

Signature as it appears on Medicare Card

Date

MEDIGAP

If you have a supplemental policy and it is a MEDIGAP policy to which your Medicare Carrier automatically "crosses over", we are required to keep a separate signature on file:

I request authorized MEDIGAP benefits be made on my behalf for any services furnished to me. I authorize any holder of medical information to release to my MEDIGAP carrier any information needed to determine these benefits or the benefits payable for related services.

Signature as it appears on MEDIGAP Card

Date

PATIENTS 65 OR OLDER ONLY

1. Have you received a pneumonia vaccine? Yes No

2. Do you have an advanced directive or living will? Yes No

If yes, which statement best reflects your wishes on advanced care recommendations?

Do Not Intubate: I do not wish to have a breathing tube, even if it is necessary to save my life.

Do Not Resuscitate: If my heart were to stop, I do not wish to have chest compressions or an automated external defibrillator to restart my heart, even if it's necessary to save my life.

Full Cardiopulmonary Resuscitation: I want full cardiopulmonary resuscitation efforts to be made.

3. Do you have a surrogate medical decision maker? Yes No

If yes, who? _____ Phone Number: _____